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## ORIGINAL ARTICLES.

### NEGLECT OF THE SYMPATHETIC NERVOUS SYSTEM IN DIAGNOSIS.

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LESSONS of greater value, it seems to me, can be learned by studying the sympathetic nervous system in its distribution, connections and operations in relation to reflexes than any field the whole domain of medicine offers, because it inevitably enlarges our knowledge of chronic diseases and their etiology, and this puts in our hands weapons for successfully combating a great percentage of all chronic maladies. The fact should not be overlooked that the foremost organs and functions of the human body are operated solely by the sympathetic nervous system. It has as much to do in presiding over and carrying on systemic circulation as the cerebro-spinal has. These two systems working in unison constitute the vaso-motor apparatus which inaugurates and perpetuates general peristalsis. The limitations of the sympathetic, as should be well known, are not confined to operating the peristaltic action of the largest arteries and conduits of the body, but embraces all from the noblest viscera to the most infinitesimal channel or canicular structure. Not only is there ganglionic espionage and control over the capillary circulation as we generally use the term in discussing blood currents, but the great lymphatic system finds in the sympathetic its power of operation. It is common to talk of peristaltic action as applied to the alimentary canal, but there is as much a legitimate peristalsis in the capillaries and lymphatic as the alimentary canal represents, although teachers and medical logicians have little or nothing, as a rule, to say about it. The influences that carry on peristalsis in one part of the economy also operate it in others. This being an established fact it naturally follows, as logical reasoning, that to upset or disturb the normal status of the sympathetic is to detract from its power to harmoniously operate functions to which, anatomically and physiologically, it is assigned. If fretted and disconcerted from any cause, it has not the ability to furnish the power to operate functions due from and expected of it, hence demoralization in some quarter ensues. It may be intestinal stasis or capillary blood stasis, as reasonably one as the other. A free working, unhampered nervous sys-

tem means an adequate performance of all bodily functions. A nervous system freighted with irritations and frictions, imparts its morbid impulses to functions and organs preternaturally low in the scale of integrity. A vigorous, healthy nervous system is an *ideal prophylactic*.

In these days of investigation the microscopists are running a race for the discovery of new kinds of micro-organisms. Carefully prepared articles on different species of bacilli are spread before the profession, and we are daily enlightened as to the symptoms these infinitesimal bodies create. Abdominal and thoracic cavities are daily explored in search of substances to place upon the microscopic slide. Sputa is made to yield up its countless treasures in the way of belligerent bacilli that light may be thrown upon the subject of respiratory and other diseases. A Koch rises to the zenith of professional glory, owing to the brilliancy of his logic, one week, and the next bed-side experience disproves his claims and he descends to earth with the velocity of an exploded skyrocket. The medical fraternity, throughout all quarters of the earth, is hungry for the latest in microscopy. This study lends a charm, a fascination, that carries one deeper and deeper into the realm of speculation and farther into the land of unsolved problems. If a dormant or migratory micro-organism is encountered, straightaway it is put through the successive stages of preparation, endowed with a high sounding cognomen, appropriately labeled and a retinue of symptoms recorded as its legitimate entailment. This reference to microscopists is not made in a spirit of sarcasm, or with a disposition to under-rate the work and opinions of our brethren. The microscopist and the microscope are indispensable necessities. My criticism is this, viz.: In many instances the microscopist labors over the product of disease when he might, it seems to me, make more satisfactory progress by studying its etiology. The nervous system in a state of undisturbed vigor, in a state of harmony and integrity, acts as a vaccination against bacilli-microbes and bacteria. I believe we are all swarming with animalculæ, but with the system at par, with its circulation all that can be desired, no damage to the body occurs. Instead of looking for infinitesimal bodies let us examine the sympathetic to see if nerve waste (which renders us susceptible to molecular death and consequently the formation of bacilli) is present. Stenosis of the uterine cervix induces nerve waste. A diseased inch at the rec-

tum's outlet induces it, and general demoralization of the capillary circulation ensues. Free these localities from diseased areas, growths and lesions, and an invigorated system will put to flight the invading bacterial army. Disturbances of functions and organs controlled by the cerebro-spinal nervous system often, I think, lead medical men to erroneously assume that the latter instead of the sympathetic, marks the origin of discord. By the average diagnostician the sympathetic has been, it seems to me, regarded as an apparatus of subordinate importance, and this opinion may possibly be due to the fact that it operates those parts of the economy entirely inoperable by the commands of the will. A woman may resolve not to have any more pains in either the first or second stage of labor, but regardless of her desires—of her will, they continue in regular succession. All the operations that in utero concerned her offspring were in no way influenced save through the sympathetic nervous system. Let us then, not neglect the sympathetic, or under-rate its importance; to do this is to rob ourselves of great aid in diagnostic work. That there is room for great advances to be made in interpreting the causation of disease no one can successfully deny. I am firmly of the conviction, however, that our greatest achievements will be made in studying the influence of nerve waste upon the intricate functions and susceptible structures of the human body. The sympathetic is bequeathed to us as the indispensable creator of nerve power to operate the organs fundamental to our existence. It is the human dynamo that furnishes impulses and currents necessary for a state of health and physical integrity, but it can not accomplish it if burdened with constantly received discordant elements from tissues and structures in distress. Our bodies are scarcely more than an aggregation of cells, and death of one makes misery in the neighborhood. We often hear the stereotyped expression: Oh! Your circulation is poor, you need a cardiac tonic. Eight times out of ten the product of a trouble is treated instead of the trouble itself. When an office of the body is inadequately performed a morbid condition of the capillaries that physiologically and anatomically concern it first obtains, then irritation, congestion and stasis successively ensue. The cerebro-spinal and sympathetic systems operate that difficult process—the circulation of the blood; they do it under a co-partnership, and each partner must needs put forth the best effort that the function may be properly carried on, otherwise the evidences of declining health appear. A pallor means something wrong with capillary circulation, and so does a continued injected condition of the conjunctiva. A disturbed nervous system may induce either phenomenon. The sympathetic with its absolute control of the genitalia and reproductive organs of both sexes must be oftener recognized, and studied, as the

transmitter of woe to the human mind. A subinvolution of the uterus, chronic catarrh of the endometrium, are certain originators and promoters of mental and other miseries. A pinched nerve filament in a cervical cicatrix creates and perpetuates the most painful neuroses. A removal of the plug which confines and compresses the filament dispels the trouble about as speedily as a magician performs a feat of legerdemain. Having repeatedly cured neuroses by removing a cervical cicatrix, I know whereof I speak.

The heart is the human dynamo, but it is impotent, and utterly unable to furnish us a pulse-beat at the wrist, unless the great sympathetic backs it up with an uninterrupted *vis a tergo*. Let its systole and diastole show but a slight deviation from regularity, and co-related organs and functions will flag and fail. Disturbances of the cerebro-spinal nervous system quickly induce pronounced objective and subjective symptoms, while perversions of the subtle sympathetic are often slowly revealed through reflex phenomena. Lesions of the last inch of the rectum, so far as my observation goes, are the most prolific causes that produce irritation and wreakage of the sympathetic. A lesion here *always* induces an abnormal contraction of the internal sphincter. When this occurs an influence is established capable of inaugurating and maintaining painful reflex troubles, local or general stagnation of the capillary system, which in turn may create an infinite variety of complaints that time and space forbid me to enumerate. When consulted about an irritable bladder, a painful ovary or distracting insomnia, examine the channels and outlets of the body to see if some of the terminal nerve filaments of the sympathetic are not in the midst of trouble enough to keep them constantly in open rebellion.

We must observe something besides exterior manifestations; we must awaken to a sense of understanding that the bulk of the chronic complaints we encounter are double faced—in that the origin of the trouble is usually in one locality and the suffering organs and functions, to which the patient directs us, in another. The more this matter is studied the more this philosophy and practice will help us to understand and successfully combat chronic ailments. To remove a cicatrical plug from the cervix uteri and see a neuralgia or anasarca disappear is conclusive evidence to me that the pinched sympathetic nerve filament transmitted so disturbing and baneful an influence to the fifth nerve that neuralgia was the legitimate sequence; and, in the other case, so demoralized capillary circulation and the blood constituents as to induce dropsy. The capillaries and lymphatics are made to do good or faulty work by the aid they draw from the sympathetic. Every peristaltic maneuver, from cranium to toe, is directed and operated by this supplementary nervous system. When harassed, fretted and weakened it can not

adequately direct and carry on the indispensable offices of the human body. In view of such facts is it not incumbent upon us physicians, as conservators of the health of our fellow creatures, to watch for and find any influences that impair the integrity of the sympathetic nervous system?

#### THE IMPORT OF BACTERIOLOGY TO HOMEOPATHIC THERAPY IN GENERAL.\*

BY W. Y. COWL, M. D., NEW YORK, N. Y.

**I**N ORDER to learn what the newest branch of medical science may contribute to homeopathic therapy, a brief enumeration of those factors in which the former essentially consists, are necessary to a clear understanding of the subject.

Bacteriology, which at present is the chief servant of hygiene and of preventive medicine, is an inductive science, resting upon physics, especially microscopy upon chemistry, especially organic upon physiology, especially of the warm-blooded animal and upon pathology, especially of the specific diseases.

The study of bacteriology is necessarily minute, especially because of the great similarity of form of many distinct species of the organism observed. It requires an extensive armament for its proper pursuit, partly of the finest character, and observers of experience and thorough previous training.

The direct results of this study are, first, the explanation of the various fermentations, of the various putrefactions and of the various changes in tissue of living plants and animals. The latter having reference to the metabolism of its appropriated food substance by the bacterium, and to the effect of its excreted substances upon the surrounding matter. Second, the knowledge of the immediate and ultimate effects of various substances upon the bacterium, namely, as food and as poison; the latter, including its own products, the oxygen of the air in many cases, and certain substances found in the blood of animals beside extraneous substances such as corrosive sublimate. Third, the effect, immediate and ultimate, upon the bacterium, of physical changes in its surroundings, especially of temperature, and resulting in its increase, its death or in a modified activity. Fourth, the knowledge of the modes of growth of various kinds of bacteria under various circumstances, and the physical and chemical changes produced in certain test solutions. Fifth, the knowledge of the general somatic effects upon the individual produced by bacteria in various states of vigor and activity, introduced into the animal organism, and the production of certain infectious diseases.

The indirect results of the study of bacteriology, or of mycology in general:

1. The improvement of food and limbs by exclusion of noxious bacteria such as those of typhoid fever, cholera and tuberculosis, and by the pure culture of organisms used for fermentation, in order, for instance, to lessen the production of fusel oil in the venous fermentation.

2. The prevention of the accession of pathogenic organisms to the organism of man and of valuable animals by the air or by contact, such as the bacillus tuberculosis floating about in dust contaminated with dried sputum, or such as the bacillus anthracis, contained in the hides of animals dead of malignant pustule.

3. The effective hindrance of putrefaction by antiseptics, physical and chemical, such as salt, sugar, desiccation.

4. The effective removal or destruction of the products, direct or indirect, of bacterial life by disinfectants physical and chemical, such as chlorine, heat, etc.

5. The stoppage or diminution of the life activity of bacteria within the organism, and the removal or diminution of effect of its metabolic products, as by carbolic acid, or by the blood of animals injected into other animals.

From the foregoing it is evident that the sphere of bacteriology is enormous. It has already found and established the cause of disease in relapsing fever, malignant pustule, tuberculosis, cholera and glanders, as well as in other affections restricted to animals. It has found and rendered unquestioned the cause of typhoid fever, erysipelas, tetanus leprosy, lupus. It has shown the probability of a mycotic origin, for pneumonias, diphtheria, dysentery, diarrhoea, abscess, pyæmia, septicæmia and the grippe. It has rendered the diagnosis of tuberculosis, typhoid fever, cholera and other diseases, simple and positive. It has cleared up the pathology of some of the most common diseases and cast daylight upon local affections in general. And finally, as already indicated, it is the main means of research and remediation in general and special hygiene.

But how does it affect therapy?

Obviously, for remedies, which in certain test solutions, or in the organism act in a *manner contrary to or directly hindering the infection*, this knowledge above detailed is of the highest import. Such a therapy is the application of antiseptics or of disinfectants to internal remedial use.

This mode of treatment has as yet been found of limited value, chiefly for the reason that the substances so far employed in antisepsis and disinfection, which are capable of destroying or hindering the growth of bacteria, are also apt to possess a *like power of destroying tissue or tissue changes*. To this there is already one marked exception, namely, carbolic acid or phenol; for

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this substance is a constant product in the healthy organism, of the decomposition of albumen in the feces, from which it is absorbed and finally passes off in the urine. *Phenol is thus a ptomaine, to the presence of which the organism is accustomed.* But phenol is also known to be iminical to the bacteria which produce it, as well as to other bacteria in varying measure.

For those bacteria then to which phenol is a poison, especially if to them an active poison, the blood may be able to accommodate enough of the poison to hinder their increase.

Thus phenol would act therapeutically. That it does act therapeutically, often brilliantly, there is now no question. But there is a doubt whether it is as phenol that it acts, for we know that in the blood it becomes associated with sulphuric acid and potash in the form of a double salt, and that when the available amount of these latter substances is taken up by the phenol it begins to poison the organism, a point which is determinable by urinary examination.

On the other hand, the sulpho-carbolate of sodium possesses therapeutic power in septic diseases, and this compound is not known to dissociate in the blood, whilst furthermore, the sulphate of soda is an antidote to carbolic acid, by forming the double salt with the phenol.

It is now to be considered that the special products of the life activity of other bacteria than those normally found within the organism, i. e., within its free canals, are, on the other hand, *foreign to the organism*, and, therefore, apt to be poisonous to it in smaller quantities than carbolic acid. Such, for instance, is the case with the complex substance named tuberculin, which is produced by the bacillus tuberculosis.

This substance will cause in the healthy, in extremely small doses, a train of severe symptoms similar to those of pronounced phthisis pulmonalis. This effect will also be produced by far smaller doses in those suffering from tuberculosis, namely, in *those who are already battling against the poison*, and, in fact, by doses which may almost be denominated infinitesimal. It is by such that the cures of various tubercular disorders have been effected.

From this severity of the action of minute doses it is evident that there is but little provision in the organism for effecting *innocuousness of the substance*, such as there is for carbolic acid.

Whether there is such provision of a specific nature is indeed uncertain. On the other hand, the infiltration and semi-necrosis which constitute the chief tissue-changes in tubercle form a wall, that *shuts out the bacillus* from dissemination, and thus acts as a fortunate provision against extension of the disease process.

The two instances given of the *curative action of the ptomaines* stand on the border of a new field that opens itself in therapy.

It is evident from them that bacteriology *may* go on to furnish an entirely new set of remedies for trial and proper proof of their action.

But from the instances given it is also evident that they will differ in their action, for in the one case we have an action by pure contrariety, that directly hinders the growth of, when used in large doses, bacteria.

In the other, the remedy, capable in the sick or healthy of inducing similar symptoms to those of the diseases for which it is employed, acts, not by diminishing the activity of the bacillus, but *in a manner similar to that observed in the natural course of the disease.*

The effective doses of this remedy are exceedingly minute, and in practice are being still further reduced in size.

Upon these single facts one might base speculation as to the action of yet-to-be-discovered remedies amongst the ptomaines; but it is evidently too soon to perceive what the future may bring forth.

It certainly is possible that homoeopathic therapy may become enriched by a host of remedies such as the tuberculin of Koch, or rather with a host of substances possessing pathogenetic power, and having to await a proper proving of their effects upon the healthy, before extended application.

At present, the discovery of such substances, the determination of their chemical character, and of their effects upon the animal organism may well be left in the hands of the followers of Pasteur and of Koch, who are now filling medical literature with the accounts of their patient, thorough and skillful investigation, fostered in many lands by the resources of government.

To give an idea of the magnitude of this labor let me note that during the year 1890, 1,017 communications describing such investigations appeared in standard publications, many of them containing new facts, all of them subjecting the older ones to rigid criticism.

Vast, however, as all this labor is, one thing is yet lacking, namely, accounts of the determination of the effects of the ptomaines upon the healthy human body. To this the tuberculin of Koch form a certain exception, in that this investigator has himself made some cursory provings of the substances. Undoubtedly there is a general, natural, personal hesitation to submit to the action of such unknown and poisonous substances as the ptomaines have frequently shown themselves to be; and this will certainly hinder in great measure their proper proving upon the healthy. They are not, like arsenic, strychnine and other drugs with the effects of poisonous doses of which we are in advance familiar, to be at once administered to the human being.

The import then of bacteriology to homœopathic therapy, whilst in principal a considera-

ble one, in material may long be a limited one. For the present there appears to be no ground for believing that those remedies which have in minute doses been shown to indubitably modify and cut short the morbid process in infectious diseases, namely, aconite, belladonna, baptisia, byronia, and so on down to veratrum album, will hold any other place than they have ever held since Hahnemann showed how to learn at one and the same time, their pathogenetic and therapeutic effects.

#### THE SUSTENTATION OF BODILY HEAT THROUGH NERVOUS IMPULSE.\*

BY C. E. LANING, M. D., CHICAGO.

THE introduction of the clinical thermometer gave an immense impetus to the study of abnormal temperature, and as a result many facts have been ascertained regarding this important subject. Still, this is a rich field for the investigation of the clinician; there is much to be discovered, many things already observed to be explained.

In order that a study of abnormal temperature may be taken up understandingly it is necessary that we first become familiar with the various causes of increased animal heat.

In treating of this subject we do not mean to deal with an increase of temperature due to an obvious cause such as occurs in typhoid or scarlet fever or pneumonia, etc., but rather those cases in which there is an unnatural elevation of temperature without any apparent, or at least, easily detected cause.

There are many cases in which an increased amount of blood thrown to a given part does not increase the temperature, while on the contrary it is even diminished. This shows conclusively that temperature does not depend alone upon derangements of the vascular system. When the temperature is raised as a result of such disturbance, of course there is nothing incomprehensible in the matter, it is only when there is not increased cardiac action, or evidence of sepsis or vascular engorgement that the physician asks himself why this high temperature. If increased heat meant always increased metabolism, increased chemical changes in the body, then some of the cases seen in practice of my colleagues and myself could not have occurred, for they showed not the slightest signs of excessive tissue degeneration.

Without going too deeply into the physiology of heat production and radiation, we will glance at the effects upon the temperature produced by derangements of the heat centers, exciting and inhibiting, for to these must we look for an explanation of these erratic cases.

An immense amount of heat is produced in the body every twenty-four hours. Enough is generated in the economy to raise the temperature  $1^{\circ}$  C. every half hour provided that there was no loss constantly going on, and in thirty-six hours the heat generated in the body, providing there was no loss, would attain a temperature equivalent to the boiling point.

It will be seen at once that if the mechanism regulating this expenditure of heat be thrown out of balance, the temperature may be raised or lowered. Once more I repeat, this may occur without disturbance of the vascular system. Thus, Senator saw in rabbits when the temperature was equally exaggerated after purulent injections, the vessels sometimes dilated and sometimes contracted, while again, they were not affected at all.

This of course shows conclusively that the increase of temperature in cases of septic poisoning does not depend necessarily upon vascular changes, yet it is in this class of cases that the temperature often runs the highest.

That there are heat centers and that the nervous system plays an important rôle in the production and radiation or giving off of heat, there can be no question, and many facts, both physiological and pathological, might be adduced in support of this statement.

Some of Claude Bernard's experiments demonstrate this point quite clearly. Thus, he found that if a nail was run into a horse's foot, after a short time the temperature was raised a number of degrees. This invariably happened unless the entire nervous connection between the cord and brain was destroyed, in which case no evidence of fever was observed. Now, it has been claimed that the increased temperature in such cases was due to the fact that bacteria were found in the wound made by the nail, but if this be true, how could the cutting of the nerve trunks connecting the foot and the cerebro-spinal system prevent any disturbance of temperature? The bacteria do not travel from the local lesion into the general system by way of the nerve trunks, and if they do not need to invade the general system in order to disturb the bodily heat, why can they not cause such derangement equally well with the nerves severed as intact?

Evidently the nerves carry the irritation to some center or centers and then the change in temperature occurs.

It has positively been demonstrated that there are heat centers in the pons and in the pulvinar or posterior portion of the optic thalamus, and there are some strong reasons for asserting that such centers exist in other portions of the brain and cord. A hemorrhage into the pons may rapidly raise the temperature to  $112^{\circ}$  or over, and there is no reason to believe or assert that lesions in various parts of the body may not reflexly irritate

\* *The Clinique.*

the pons in such a way as to greatly increase the bodily temperature.

Tscherchin has shown that there is an *inhibitory* heat center, which regulates the giving off of animal heat, and which when irritated or stimulated depresses or lowers the temperature, while on the contrary, when it is paralyzed or paretic, the temperature is more or less elevated.

This corresponds more or less to the inhibitory center of Setschenow in the pulvinar which inhibits or lessens movements due to reflex irritation and the imperfect development of which, in children as compared with its great activity in the adult, accounts for the fact that a given irritation of the spinal cord directly or reflexly, produces spasms in children and of chills in the adult.

It may be readily conceived that in a reflex way the heat exciting or heat inhibiting center may be affected just as certainly as may be the vasomotor or trophic centers.

This fact is not so fully realized as it should be, or cases of erratic temperature would not seem so inexplicable to the physician.

As an instance in which the increase of temperature is due on the one hand to an excess of blood in the part and on the other to a diminished supply of blood. I would call your attention to a symptom of chamomilla and one of ignatia. The chamomilla symptom reads; "One cheek hot and red, the other pale and cool." While the ignatia symptom is, "one cheek pale and hot, the other cool and red."

These symptoms when properly studied mean something more than merely an indication for a remedy for a teething child or one with worms, and clearly show that increase of temperature is not always or alone due to increased vascularity.

After some cases of protracted fever, the inhibitory heat center is in a paretic or semiparetic condition and hence the fever or temperature runs an irregular erratic course.

A cause of abnormal temperature which is sometimes overlooked, is certain derangements of the liver. In no place in the body does metabolism go on so rapidly as in this organ. Among other evidences of this fact is that of the extremely high temperature of the blood immediately after it has passed through this great gland. It often rises as high as 105° and 107° and indeed may reach 115° without there being any serious hepatic disturbance.

Increase the temperature of the blood and you increase the action of the heart, increase the rapidity of the circulation and the animal heat is increased. From this it can readily be seen how a deranged liver may cause the thermometer to register a degree or more above normal, and that, too, when any save a clever diagnostician would overlook the liver entirely as the source of the febrile movement. We all know that in malarial fevers the temperature rises exceedingly high,

and also that the liver is decidedly affected in such cases.

This field is, however, too great to more than touch upon in such a paper as this.

#### THE MENSERT-HEINISCH IRIDECTOMY SCISSORS—AN OLD INSTRUMENT THAT IS STILL NEW TO-DAY.

BY FRANK A. ROCKWITH, M. D., SAGINAW, MICH.

I HAVE before me a little brochure in Dutch, entitled "A Historical Treatment of the Operation for Forming an Artificial Eye-ball, as also a Description of New and Surer Manner of Accomplishing the same with a Two-fold or Double Scissors (shears)." "By W. Mensert, Knight of the Order of the Lion of the Netherlands; Doctor of Surgery; Member of various learned Associations, and City-Operator of Cata-ract of Amsterdam." "Lodewijk Van Es.—1828." Appended, also, is a bibliography referring specially to the subject of iridectomy, and which can not fail to interest the student of ophthalmology, particularly so as showing how far and how well the art of forming an artificial pupil had progressed during a time of which one can not say that a real ophthalmic specialty existed. There are no less than seventy-five citations of authors, out of which number I can not help but select some least known in our literature; of course, I throw out such as Cheselden, "Anatomy of the Human Body," Buffon, "Histoire Naturelle, Voltaire, "Eléments de la Philosophie de Newton," A. G. Richter, "Anfangsgründe der Wundärzneykunst," etc., etc. Nor will I multiply the pages of my subject by repeating the various essays upon the subject by such still well known lights as Lungenebeck, Beer, Wagner, Scarpa, Demours, etc., but confine myself only to the rarer and obscurer authorities, such as Mauchart, "Diss. de Pupillæ Phthisi et Synizesi s Angustia Præternaturali et Concretione."—Tubing., 1745, Heuermann, "Abhandl. von den Vornehmsten Chirurgischen Operationen."—Leipzig, 1756, Reichenbach, "Cautel. et. Observat. circa Extract. Catarractæ, Novam Method. Synizesi Operandi Sistente."—Tubing., 1767, De Wenzel, "Traité de la Cataracte."—Paris, 1786. Q. Pelliére de Quengsy, "Procédé à suivre dans le cas d'une Cataracte compliquée d'une Imperforation Partielle de l'Iris."—Procédé à suivre dans le cas d'une Cataracte cristalline, et d'une autre accompagnée de L'opacité de la Cristalloïde Antérieure, l'une et l'autre compliquée d'une prunelle entièrement occluse," etc. Demours, "Observations sur une Pupille Artificielle Ouverte tout après de la Sclerotique," Waarneming, "Wegens eene door Kunst gemaakte Pupil (oagappel), Geopend Allernaast de Sclerotica," 1800. M. J. Toche-Couléon, "Dissertation sur la Practique de Pupilles Artificielles."

—Strass., 1803. J. A. Schmidt, "Ueber Pupillenbildung," etc.—Jena, 1803. G. J. Beer, "Ansicht der Staphylomatösen Metamorphosen des Auges und der künstlichen Pupillenbildung."—Wien., 1805. I. Florenze, "Considérations sur l'Opération de la Pupille Artificielle."—Strassbg., 1805. J. B. Bonzel, "Voorloopig Berigt wegens eene door Kunst bewerkte Nieuwre Pupil," 1808. Carlo Donegana di Como, "Della Pupilla Artificiale, Ragionamento Corredato di Osservazioni e Rami."—Milano, 1809. G. H. Wächter, "P. F. Specimen Chirurgico-Medicum Inaugurale de Pupilla Artificiali."—Gröningen, 1810. T. G. G. Benedict, "De Pupillae Artificialis Conformatio Libellus."—Leipzig, 1810. Paolo Assalini, "Ricerche sulle Pupille Artificiali con Cinque Tavole Incise in Rame e Colorite."—Milano, 1811. Robert Muter, "Practical Observations on various Novel Modes of Operating on Cataract and of Forming an Artificial Pupil."—London, 1811. P. Maunoir, "L'Operation de la Pupille Artificielle."—Paris, 1812. J. Faure, "Observations sur une Pupille Artificielle."—Paris, 1814. B. Gibson, "Practical Observations on the Formation of an Artificial Pupil in several deranged states of the Eye."—London, 1814. F. J. Hohlfeld, "Diss. de Pupillæ Artific. Conformatio."—Berolin, 1815. G. Fratini, "Sulla Maniera di Formare la Pupilla Artificiale."—Parma, 1816. Ch. Jüngken, "Diss. de Pupillæ Artificial."—Berolini, 1817.

This valuable little book of Mensert's is not easily obtainable through the usual channels of the book trade. It came into my hands as a present from a patient of mine some twenty-eight years ago; a Mr. Rochus Heinisch, of Newark, N.J. He having been the mechanician mentioned in the book as the instrument maker of the scissors or shears, of which more hereafter. Mr. Heinisch had been a surgical instrument maker in Austria and the Netherlands. He afterwards came to New York and connected himself with the elder Tiemann, whose firm name still leads the instrument trade of this country. He subsequently made a fortune in the now almost nationally-general form of the common tailoring and household shears of America.

I am under obligation to him for a knowledge of the true art of re-sharpening surgical instruments, and for which I owe him a life-long gratitude, an art of no mean importance to a western country surgeon. One met in him the true lover of his trade, one who was at once scientist and surgeon's confidant. By merely telling him of the object to be attained he would produce the instrument with which to accomplish it. It is to this kind of intelligence that we as surgeons owe often our entire success, and to whom even the most skillful and experienced of us can never pay enough deference, respect and praise.

This translation of the title-page of Dr. Mensert's monogram must, without doubt, raise a su-

percilious smile upon the otherwise imperturbable countenance of my friend Dr. Finnegan, and I candidly confess my sympathy in his strait, when thinking of the curiously phrased, nay, awkwardly worded literary-production of this *City-Operator of Amsterdam*. I would rather have translated artificial eye-ball as artificial pupil, true to its Latin terminology, but a translator can not allow himself many liberties with the wordings of his text. He needs must seek to preserve the idiom as well as the idea. "Kunstige Oagappel," I can not give again otherwise than as artificial "apple of the eye," or eye-ball. By an operation for an artificial eye-ball is meant in Dutch our modern operation of iridectomy; for he says elsewhere: "Ik maakte eene kunst matige opening of pupil aan dezen jongeling in tegenwoordigheid der Hoofdofficieren van de Marine," etc.\*



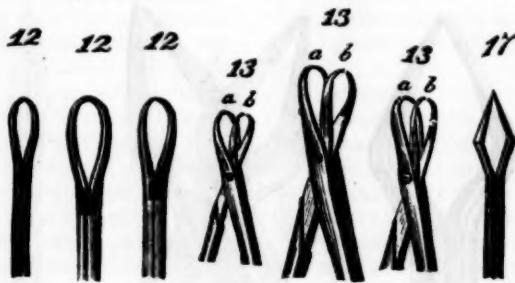
It is true we nowadays mean an altogether different operation, Critchett's and Knapp's, when speaking of an artificial eye-ball, namely, that for

\* "I made an artificial opening of the pupil on this youth in presence of court-officers of the Marine," etc., etc.

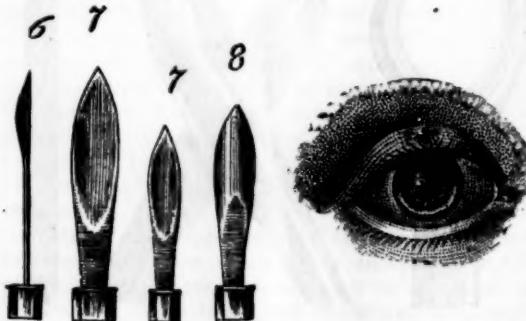
*staphyloma*, the object being to establish a firm and convenient stump for the insertion of an artificial eye.

The instruments, twofold or double scissors, which were devised by Dr. Mensert and executed by Mr. Heinisch for the purpose of creating an artificial pupil deserve, I think, not only literary perpetuation but also a general trial for other than ophthalmic operations.

Mensert's method of operation for iridectomy offers us nothing specially at variance with that of today; only that instead of our flat Jäger's or Beer's knives he made use of a hollow-grounded lancet (No. 4-8), with which he makes his corneal incision in the anterior chamber, and afterwards snips off a section of the iris with his "tweevondige of dubbele scharr" (Nos. 12, 13, 17) yielding thereby, according to whatever form of scissors he had used, either a rounded or angular opening into the lumen of the eye-ball, as seen in the illustration.



To advance from the application of a diminutive pair of scissors for iridectomy to one of greater strength and size for use in other "heilkundige operation," such as "sarcoma of the lids," "scirrhous," "verucose," "encaanthis," or for the still wider range of purposes, such as "polypus of the vagina," "enlargement of the tonsils and uvulae," yes, even for "scirrhus of the lips," and not least of all, for the operation of "harelip," was but a single step to take.



No surgeon of experience can fail, in my own humble opinion, to see in the construction of these scissors a wide scope of application. Especially so, has it seemed to me, to be an eminently convenient form for trimming the edges of a lacerated

*cervix uteri*, and might, also, in some cases be made to take the place of the curette in other gynecological conditions.

When asking Mr. Heinisch why these instruments had never been placed upon our market, I received the reply that the only hindrance had been the comparatively great cost of manufacture, and last, if not least, the obscurity of the name of Mensert. However, modern advance, in the range of general surgical practice, may yet appreciate the resurrection of this so long forgotten and never much known instrument.

### CLINIQUE.

#### TWO CASES OF INDUCED MISCARRIAGE, WITH COMMENTS.

BY EUGENE R. CORSON, M. D., SAVANNAH, GA.

THE two following cases I take from my obstetrical note-book:

Mrs. M., at 28, was attended by me during her first pregnancy and confinement. At that time, for the first six months she suffered greatly from nausea and vomiting, and many remedies were tried with little or no benefit: the salts of cerium, apomorphia, ipecac, nux vomica, carbolic acid and iodine, painting the cervix with iodized phenol, dilatation of the cervix with the finger, etc., etc., all failed. While she never seemed to be in any danger, she lost a great deal of flesh. Her labor was not a hard one but her child died a few minutes after birth.

She again became pregnant last July. (Menstruated on July 21st and missed in August.) She almost immediately became nauseated, incessant vomiting came on, and she took to her bed. She retained nothing. She lost strength and flesh rapidly; jaundice set in; urine scanty and mahogany red; pulse 130 and weak.

On consultation it was decided to empty the uterus and on September 30th at 12 M., after a thorough corrosive sublimate douche I passed two silk-woven, leaded bougies, Nos. 8 and 10, up to the fundus without any pain or hemorrhage; the ends curled up in the vagina. I should state that the uterus was retroflexed and that all attempts at reduction were ineffectual and very painful withal.

Whether due to her mental impression or not, an improvement soon became evident; the pulse was better; the face brightened up, and she spoke of an agreeable warmth in the uterus. At four P. M. there was a slight show and regular pains came on. During the night she took some ginger ale and ice and carbolized lime water, though she still vomited some. October 1st, at 12 M., removed the entire decidua with the hand from the cervix, showing a pregnancy of six weeks; no unusual hemorrhage. October 20th, at 12 M., cu-

retted uterus removing about a tablespoonful of decidual debris. Everything was done under the strictest antisepsis. She had a rapid non-febrile convalescence with, of course, complete relief of the stomach symptoms.

The second case differs in many particulars and is as follows:

A young lady of 22, very robust and of fine constitution, became pregnant very much to her chagrin four months after marriage. Nausea and vomiting soon came on, and when I first saw her she had hardly retained anything liquid or solid for a week, during which time she had tried everything. She had just traveled 1,000 miles by rail and was very much the worse for her trip. She had slight fever and complained of great pain in both ovarian regions. She was in a highly excited, nervous, and rebellious state, insisting upon an immediate miscarriage and absolutely unwilling to make any effort for the young life started. There was no reasoning with her; she must have a miscarriage or nothing; there must be no temporizing and no half measures. A marked hysterical condition had developed an intense abdominal hyperesthesia and ovarian tenderness, one minute in tears and the next in a rage with her nurse and physician. It became a fight between patient and physician and she finally cut the Gordian knot by flatly refusing to follow out any treatment proposed and by summarily discharging me.

The physician called in, after much coaxing and manoeuvring, succeeded in getting in a hypodermic of morphia, and for an entire week she was kept under this drug and chloral or sulfonal by enema or suppository. During the intervals of consciousness there were the same hysterical symptoms with violent vomiting.

By the end of the week I was asked by her physician to see the case with him, and found her very much as I had left her, except weaker and much reduced in flesh. Her will, however, was just as strong, and she was determined to have a miscarriage. Two weeks had gone by without retaining as much as a drop of water. We decided on consultation that while, with the coöperation of the patient, she might be tided over this vomiting stage, in her hysterical condition and state of revolt and opposition, we had nothing else to do but acknowledge our defeat and empty the uterus, which we did under antisepsis. A large laminarian tent was introduced and allowed to remain twenty-four hours, at the end of which time chloroform was given, the tent removed, and the uterine contents were shelled out with a blunt curette. The fetus showed a pregnancy of two months.

There was an immediate change for the better in her condition. The next morning with a self-satisfied smile she asked for an orange which she ate with much relish and retained. She had a rapid non-febrile convalescence and her appetite

required all the resources of a French *chef* to satisfy.

In the first case I had the complete coöperation of the patient, but with it all she grew rapidly worse and, I feel persuaded, would have died had she not been relieved by the operation. I was much disappointed in not getting some results from the nutrient enemata which were prepared and given with great care by a trained nurse. Twenty-four hours' use of them made the rectum and lower bowel so very sore that they could not be retained long enough. It may be further worthy of note that the introduction of the bougies gave no pain whatsoever, and that the dilatation of the cervix and separation of the decidua were only moderately painful.

The second case was a much more complicated one by reason of the hysterical condition and the determined will of the patient, and made still worse by a very anxious and nervous husband who would not cross his wife under any circumstances. The patient was practically temporarily insane so far as reasoning with her or gaining her coöperation was concerned. The physician was thwarted in every effort to control matters and the miscarriage became a *pis aller*.

In weighing the life of the mother against that of the child the latter must give way, and although the tenets of the Catholic church forbid any such distinction, I have found it entirely disregarded by my Catholic patients as shown by my first case. Though she and the entire family were zealous Catholics, the propriety of the operation was never questioned.

In considering the justifiability of the miscarriage in the second case, my consent to the operation was based on the following conclusion: that, while the patient might in time have been carried over the dangerous point, the experiment would have greatly jeopardized her life—a risk I did not feel warranted to take under the unfavorable conditions of the case. Still, I must admit, there was a shadow of doubt which I did not have in the first case.

This eagerness for a miscarriage which was so strong in this case, and which will lead women into all sorts of irregularities, is not, in my experience, of uncommon occurrence. If woman has the reputation of being fickle and changeable, she becomes doubly so when pregnant, and she will say and do things which are totally at variance with her usual self. A very large proportion of women revolt against pregnancy, however much devotion and love they may show their children after they are born. A woman who will berate her husband and bewail her lot during her pregnancy, will be all smiles and kisses for the babe when it is once in the world. I speak of respectable women as the world runs and legitimately pregnant. And this feeling will carry them so far that they will feel justified in using every possible means to rid the

womb of the young life started there. While they would be terribly shocked if the physician should dash the new-born's brains out against the foot-board of the bed, they think it nothing at all if they cut short that life during uterine gestation. I know not if my experience differs greatly from that of other physicians, but hardly a day passes, certainly not a week, in which some woman, of the respectable class, feeling that she is pregnant, does not in the coolest way, ask to have her menses brought on. There is a general belief among the laity that the physician has but to use some properly selected drug, and he can bring on menstruation at will. They look incredulous when told that the physician never relies upon drugs, but that he introduces something into the uterus itself when he wishes to bring on a miscarriage.

Of the two methods employed, the laminaria tent and the bougie, both seemed to work equally well, though the former gave the most pain. During the early months, say the first three, the laminaria tent will probably be found the most effective; later, the bougie has some advantages, as inducing a more gradual and regular dilatation and uterine contraction, and it is the method mostly employed. The important thing is thorough cleanliness and antisepsis. With it the dangers of the operation are reduced to almost nothing. It is to be feared that the general recognition of this fact may induce physicians to be less rigorous in their attitude towards appealing and bewailing women who will bring their tears and arguments to bear. Certainly the professional abortionist and unprincipled physician will make use of it to their advantage. No conscientious man, however, will undertake it without council and great deliberation.

I am not sanguine of finding easy remedies for the great evils in our social fabric. They are too much a part of it, for they have grown with it, and we should have to begin at the beginning if we would accomplish anything. A more rigid attitude on the part of the profession, with strict returns on all miscarriages, may hold the evil in check somewhat. A lecture or two in the course on obstetrics may bring the subject in its true light before medical students and prepare them to meet properly this delicate subject when brought face to face with it in active practice.

**To Determine Pregnancy.**—Dr. Wm. R. Lowman (*Med. Summary*) gives the following method: Examine under the tongue for two teats, about the size of No. 4 shot, each attached to a slender cord in which a nerve runs, connecting with the genital center. They are pale in the non-pregnant, but in the enceinte they are purplish red.

Dr. George Taylor Stewart, chief of staff, reports 748 patients treated at the W. I. Hospital during June, with a death rate of 2.81 per cent. For six months ending June 30th, 2,797 patients were treated, with a death rate of 5.29 per cent.

#### TO WHAT EXTENT ARE SINUSES AND FISTULÆ CURATIVE WITHOUT OPERATIVE PROCEDURES. A BRIEF HISTORY OF A VARIETY OF CASES, SHOWING METHODS OF CURE.\*

BY M. O. TERRY, M. D., UTICA, N. Y.

IN THE disintegration of bone—the death of its structure—caused by ulceration extending from a sinuous opening, it has been considered necessary to open freely the soft or muscular covering, scrape the diseased portion until the necrosed part was entirely removed, then allow the opening to heal from the “bottom.” This, I believe, is generally admitted to be a standard surgical procedure. The process of ulceration of bone and the necrosis following it, is not unlike that of the soft tissues. The process includes the death of the protoplastic cell and ends in suppuration. In each case the healthy tissue is destroyed as the disease extends. The indication for the treatment of the one is certainly not very different from that of the other.

What method do we adopt in the treatment of ulceration of soft tissues? Do we scrape the ulcer? This is scarcely necessary. No longer are granulations treated with alum or other escarotics, but by the pressure of an antiseptic plaster or pad. The ulcer to be healed is freed from pus and disintegrated particles by the use of remedies of varying strength. Perhaps, after washing it—and it is scarcely necessary to repeat this water cleansing process—the remedy which will most speedily free it from pus is peroxide of hydrogen, using it in strength from one to twelve, down to its pure commercial state, depending largely upon the stage of the disease, the location of the difficulty, and the condition of the patient. After this has been done the iodoform or carbolic gauze is applied, over which is placed salicylated, boracic, or carbolic absorbent cotton, and over it, perhaps, a eucalyptol gauze followed by an ordinary bandage, unless the ulcer is on the leg when an elastic one is often better. The same principles may be applied in the treatment of sinuses, as I shall show, and with equally good advantage, the method of the application of it being, however, governed by the location in some instances.

The results of an operation largely depend on the after-treatment.

The point I wish to bring out in this paper is, that if the ulcerated walls of a sinus are properly cleansed and the disintegrated or crumbling portions known as necrosed tissue are kept aseptic, the underlying surface or walls of the sinus will soon become as healthy as any ulcer placed in a similar surgical condition, and instead of caries continuing healing will ensue, provided in every instance there is an opening through the soft tissues.

\* Read at the International Convention of Homoeopathic Physicians held at Atlantic City, June 16 to 23, 1891.

The following cases will illustrate the theory advanced:

**CASE 1.** Mrs. C., æt. 67, has had mastoid disease for six months, the ear discharging to a greater or less extent during the whole period. The mastoid process was sensitive, red and somewhat swollen for weeks. This condition rapidly increased. On examining the case for the first time, I found the ear greatly protruded; the patient being dizzy; vision blurred; the gait staggering; and felt as though she might lose her senses at any time. I operated by cutting down to the bone, making a so-called Wild's incision. An examination with a probe revealed an opening into the inner chamber of the ear. The discharge was slight, of a dark color and the walls of the sinus irregular. Peroxide of hydrogen was used one to eight for cleansing and balsam of Peru injected, after which a silver tube was placed in the opening and worn for three months; it being taken out two or three times a day for cleansing. Remedies were given and tincture of belladonna was applied over the parts. Recovery.

**CASE 2.** Mr. H., æt. 48, has had two sinuses in the lumbar region. These had been discharging for several months. The probe reached the vertebrae. Peroxide water was syringed through the openings, and the walls were stimulated by a solution of caustic potash, one to ten, the application being made with a probe covered with absorbent cotton saturated with the potash. The dressing consisted of balsam of Peru, over which was placed a pad of iodoform. Two applications healed permanently both openings.

**CASE 3.** A woman, æt. 25, has had a sinuous opening over the sacrum. The patient had been treated in Dublin the year previous. Cured after four applications.

**CASE 4.** Mr. T., æt. 60, has had an external fistula extending into the rectum for several months. Washed it out with peroxide, one to four, then with carbolic water; after which the walls were medicated with tincture of iodine. Patient relieved from the discharge and feeling of weight in the region of the rectum, for two weeks, when it became gradually troublesome again. After cleansing as above detailed a four per cent. cocaine solution was thrown into the external opening, the rectum being plugged with vaselined absorbent cotton. Subsequently the fistula was now swabbed with a cotton covered probe, moistened with *pure caustic potash*. This was neutralized with a weak solution of acetic acid. Iodoform in ether 3*i* to 5*i* was now injected. No further treatment was necessary.

**CASE 5.** A boy, æt. 11, has had three openings leading to the ankle joint, the same being ankylosed, swollen, red and painful, with inability to get about, or only with the aid of a crutch. A probe can be passed fully an inch into the joint. He has been urged to have the foot amputated,

as he is delicate, pale in appearance and is getting weaker from confinement. The openings were injected with balsam of Peru, the foot supported in a chair. The inflammation was arrested by means of a solution of acetate of lead, thirty grains to a pint of water. The lotion is not kept on constantly as it destroys the skin, but is applied for three hours, then omitted for one, two or three hours. Remedies given, belladonna and phosphate of calcaria. Within three months the boy was walking and to-day he is a district messenger boy, running hither and everywhere, with a flexible and healthy joint.

**CASE 6.** is that of a girl, eight years of age. She has five opening leading into the ankle, which is ankylosed. A probe can be passed two inches into an opening. Treatment the same, and recovery perfect.

**CASE 7.** Mr. J., æt. 29, has had an opening leading to the metacarpal bone of the little finger, for nearly one year. It followed blood poisoning. A probe can be passed along the bone, the muscular tissue being detached by the long process of suppuration. He had been advised to have the bone removed. I thought the advice sound, but was unable to operate for two weeks. For this reason placed him on the cleansing antiseptic treatment. Four weeks later a firm cicatrix had formed, and the cure was complete.

**CASE 8.** Mr. S., æt. 58, had a sinus leading from the alveolar process of the upper maxillary, extending upwards into the antrum of Highmore. Had consulted with dentists and had been under treatment. He had had the cavity washed out with a solution of carbolic acid occasionally, but no improvement had taken place. Neuralgia was constant and the soreness was very annoying. As there is an opening extending into the nose from the antrum I gave a prescription composed of the following ingredients: peroxide of hydrogen, half an ounce; fluid extract of hydrastis can., one drachm; zinc. sulph., ten grains and water sufficient to make four ounces. This to be used by syringing it into the cavity three times a day. Improvement was immediate and recovery rapid.

I hope I have endeavored to give sufficient proof of the efficacy of a conservative method of treating fistulæ and sinuses to warrant a trial by the profession.

**A Unique Case.**—We extract the following from the last issue of the *British Medical Journal*: "A nice point of law has lately been debated before a French court. The question was whether an operation on a dead body by an unqualified person came within the meaning of the enactment forbidding the illegal practice of medicine. It appears that a pregnant woman had just died, the cause of death not being stated. The Curé of the village, who had been with her in her last moments, induced a neighbor who was in the room to perform Caesarean section on the corpse with a view of saving the child. The operation was successful, but the operator was brought before the magistrate and fined fifteen francs for having been guilty of illegal practice of medicine."

**ON SOME NEW DRUGS EMPLOYED IN THE THERAPEUTICS OF SKIN AFFECTIONS, AND PARTICULARLY IN SYPHILIS AS SUBSTITUTE FOR IODOFORM.**

TRANSLATED AND GLEANED BY JOHN ARSCHAGOUNI, M. D.,  
WARD'S ISLAND HOSPITAL, NEW YORK.

Under this heading, E. Chatelain, of Paris, gives some valuable information.\* We glean as follows from his article:

Dr. Wm. Dubreuilh, of the Medical Faculty of Bordeaux, has demonstrated with facts that, *iodoform* could not deserve that confidence which has been given it up to this time, and that it should not be wise to say with Mosetig von Moorshof, of Vienna: "Ubi iodoformum non sepsis."

Dr. Dubreuilh, in his conclusions, states that, *iodoform* has a strong, incontestable action upon the spirille of cholera, . . . an attenuant influence upon the bacteridie of anthrax and the bacilli of septicæmia of mouse and rabbit; a rôle of desiccation upon fresh wounds; finally a real action in the putrid decompositions.

This rôle of desiccation of wounds, of coagulation and of diminution of secretions, by forming a protecting varnish, can render real service in small superficial operations where secretions are not abundant . . . when a wound is already infected, not by the pyogenic organisms, but by the microbes of putrefaction, *iodoform* can exert a certain influence.

To that point of view, it is less active than the soluble antiseptics, i. e., carbolic acid or corrosive sublimate, but there are cases where it can be useful, where its insolubility will have surely a less intense action, but more prolonged and less irritant than other antiseptics. . . .

Where the putridity is inevitable, *iodoform* may be useful to suppress the bad odor, to avoid, not the infection from bacteria, but the putrid intoxication.

**ARISTOL.**—Found by Messinger and Vortmann, introduced in dermatological and syphiligraphic practice by P. Eichhoff, and studied by several eminent dermatologists. *Aristol* is a new compound of iodine and thymol. M. Fourniou suggests to use the following solutions in order to obtain a product always identical:

1. *Iodo-iodurated solution*:

Iodine sublimate. . . . .	60 grammes.
Potassium iodide. . . . .	80 grammes.
Dist. water. . . . .	q. s. to make 300 cc.

2. *Alkaline solution of thymol*:

Thymol. . . . .	15 grammes.
Hydrate of soda. . . . .	15 grammes.
Dist. water. . . . .	q. s. to make 300 cc.

The first solution is mixed with the second in equal volumes and at a temperature of 15° to 20°; thus a precipitate is obtained which is the *Aristol*. An amorphous powder, of a brown red color, odorless; insoluble in cold water and in glycerine, decomposed in water at 60°; slightly soluble in alcohol, easily soluble in ether, chloroform, benzine, in the fixed oils and liquid vaseline. It should be kept in dark. It is not toxic. MM. Quinquaud and Fourniou, having dissolved it in oil, have given hypodermic injections to dogs and cobayes at a dose of 2 gr., 50 per kilogramme weight of the animals, without producing even local inflammatory phenomena. They have ascertained that its elimination, partly by the urine, is made in state of thymol combined to an alkali; and that the requisite time for its elimination has been 4 to 5 days.

**Therapeutic Value.**—P. Eichhoff has employed it with success against varicose ulcers of leg, cancer of skin, gangrenous wounds, lupus exedens, scabies, eczema seborrhœica and parasitica, sycosis, psoriasis, trichophytosis-capitis.

Bertès, Brocq, Chatelain, Eichhoff, Fourniou, Gaudin, Seifert, Schmitt, Soller Buscalla, Sunol, G. Tripier, etc., have used *aristol* in varicose ulcers and all had excellent results.

In syphilo-therapy (indurated chancres, syphilitides, erosive, ulcerous tertiary syphilitides, ulcerated gummatæ, syphilis of the nose) Brocq, Chatelain, Eichhoff, Fourniou, Gaudin, Lowenstein, Rohier, Rosenthal, Neisser, Seifert, Schuster, Soller Buscalla and Sunol have obtained from *aristol* satisfactory results; although Chatelain and Fischella have found that in indurated chancres the success is relative. In this last affection, Schmitt hasn't obtained good effects from its use. In soft chancre, Gaudin, Fourniou, Soller Buscalla and Sunol are satisfied of its use, Eichhoff, Neisser and Schmitt are of another opinion. Fischella found its action doubtful, even noxious, in phagedenic chancres.

In suppurative buboes, has given excellent results in the hands of Eichhoff, Neisser, Soller Buscalla and Sunol, and bad for Schmitt.

For psoriasis *aristol* has given satisfaction to Eichhoff, H. Fournier, Gaudin, Lassar, Neisser, Schirren, Schmitt, Seifert, Soller Buscalla and Sunol, except to Neisser and J. Seguier.

For the lupus, *aristol* has given good results in the hands of Bertès, Eichhoff, Soller Buscalla, Sunol and bad results in the hands of Gaudin, Schirren, Schmitt and Seifert.

Eczema has been treated with success with *aristol* by Eichhoff, Gaudin, H. Fournier, Mosse, Soller Buscalla, Sunol, but eczema parasitica treated in the same way by Neisser and Seifert hasn't been ameliorated.

For intertrigo the result has been good for Seifert, and bad for Schmitt.

For ulcerative epithelioma *aristol* has given good results to Bertès and Brocq, but has failed in the hands of Chatelain and Schmitt.

Finally, in varicous kinds of ulcerations, (i. e., scrofulotuberculous gummatæ, etc.) in conjunctivitis, papulous and ulcerous keratitis, ulcerous blepharitis, in otitis and purulent rhinitis, *aristol*, experimented upon a large scale, has been unanimously found successful.

**BROMOL.**—Or tribromophenol, is a citron yellow powder, of a sweetish and astringent taste, of a non-disagreeable odor *sui-generis*, insoluble in water, very soluble in alcohol, in ether, chloriform, glycerine, and in fix and volatile oils. It seems to be slightly toxic, as it has been administered without trouble to a dog in a dose of 80 centigrammes.

Bromoal has been tried by Dr. C. Rademaker, of Louisville, in the dressings of wounds or ulcers, in form of emulsion in olive oil, mixed in vaseline or in powder form.

Its antiseptic proprieties are very powerful, as experience has shown that, a piece of fresh meat powdered with bromol has been exposed, for several days, and at a temperature of 60°, without the slightest sign of putrefaction.

**CRÉSALOL.**—Found by Prof. Von Nencki of the Medical Faculty of Berne.

It is the salicylate of cresol, which forms zisometric varieties, *the ortho*, *the meta*, and *the para-crésalol*.

Those are light white powders, of crystalline form, of an aromatic odor, as salol, all insoluble in water, soluble in alcohol and ether, and somewhat less in oils.

The meta-crésalol melts at 74°, the ortho-crésalol at 35°, and para-crésalol at 39°.

The cresol has been employed in form of dusting powder or of cresololated gauze and according to Drs. Bischer and Widmer, it seems to be a better drying means for wounds than *iodoform*, besides, cresol has no toxic effect.

Dr. P. Unna, of Hamburg, has used the various cresolols (ortho, meta and para) in lupus; they produce a prolonged pain, but they seem to ameliorate the lupous surface without producing inflammatory phenomena.

**EUGÉNOL.**—Acid eugenic, obtained by distillation with water of the non-blown flowers of *caryophyllum aromaticum*.

\* *Journal des Maladies Cutanées et Syphilitiques*, Paris, June, 1891.

It is an oleaginous liquid, colorless, having the odor and the burning taste of the essence of caryophyllus; exposed to air and light, it gradually becomes brown, insoluble in water, it dissolves in alcohol and ether. Drs. Morra, Candido de Tegibus. Prof. Unna has employed it in lupus.

Under its influence, the lupic nodules suppurate and disaggregate without causing any suffering to the patient; but its application should be watched, as it may destroy, if long continued, the healthy lupus.

G. Lenbuscher has also tried it in skin affections with some success; in a case of eczema, associated with intense itching, he made this symptom disappear with a salve made up of lanolin and eugenol (seventy per cent.).

**IODOL.**—Found in 1888 by Silber and Ciamician. It is an amorphous powder, of a clear brown color, almost insipid, of an odor simulating that of thyme or thymus. Somewhat soluble in water, in glycerine, paraffine, benzine, essence of terebinthina; it is little more soluble in alcohol and more so in ether and heated in olive oil and carbolic acid; it is very soluble in alkaline solutions.

It never determines toxic phenomena and it doesn't pass in the urine.

Cerna has employed it in the treatment of specific ulcers with an excellent result; Brocq has used it in gangrenes following diabetes. Carl Szadek says that Mazzoni, Peter-son, Pick and Rona have had good effects from its application in the ulcerations of venereal origin, *i. e.*, soft chancres, ulcerated buboes, syphilitic ulcers, etc. Chatelain has used it in 10 cases of ulcerated gummatous with a very quick cure; in 20 cases of soft chancres with a favorable action, but less quickly than with iodoform. Dr. Morel-Lovallée found also that iodol in soft chancres, is inferior to iodoform.

**LYSOL.**—Obtained from the distillation of coal; it is a mixture of alkaline compound of various phenols and of rich and resinous soaps.

It is a dark yellow liquid, alkaline, of an odor similar to that of coal tar, oily but transparent, soluble in water, and its aqueous solutions have yellow color more or less marked, according to the degree of concentration. Lysol is slightly toxic; as shown by the experiments of Dr. Von Gerlach, of Wiesbaden. According to this same authority the spores of anthrax have been killed in five days with a five per cent. solution of lysol, and that pyogenic staphylococci, streptococci have been killed almost instantly with a solution of two and one-half to three per cent.

This antiseptic has been employed already by Prof. Bill-roth, Drs. F. Cramer and P. Wehmer, of St. Joseph's Hospital, of Wiesbaden, and by Dr. Bockhardt, in dermatology; the results in the treatment of wounds have been that lysol doesn't irritate, and that in cutaneous affections its effects are very satisfactory.

It has been used in lupus by Dr. Unna, of Hamburg.

**CAMPHORATED NAPHTOL.**—In a form of syrupous liquid, of a yellowish color, sometimes irritant.

Drs. Constantin Paul and Fernet have used it, and the latter has been very satisfied, as topic, in several cases of buccal tuberculosis, especially in a tuberculous ulceration of the base of the tongue of the size of an almond. Dr. Reboul has published a very interesting case of fungoid mycosis successfully treated with camphorated naphtol, stopping in its evolution an invading affection like this one, and improving considerably and almost completely curing it by interstitial injections and dressings. At a meeting of the Société de Chirurgie, in March, 1891, Dr. Nelaton mentioned a work of the same author who, after having injected camphorated naphtol twenty-seven times, repeating every other day, at a dose of seven to eight drops, in tuberculous adenopathias, had obtained twenty-one cures.

Although M. Serestre, in a boy of eight to ten years old having several tuberculous skin lesions, of bilateral axillary adenitis, unilateral inguinal adenitis, hasn't ob-

tained, with injections of camphorated naphtol, any appreciable result.

In dermatology, Drs. Besnier, of Paris; Kaposi, of Vienna; Lassar and Isaac, of Berlin, have used the naphtol a great deal in acnea, and Dr. Brocq recommends against seborrheic eczema and in some pruritus.

**RETINOL.**—Found in 1888 by Pelletier and Walter. It is a product of the distillation of colophane. It is a brown or yellow liquid, according to the degree of purification of the colophane; it is slightly bitter, of a smell similar of pine, of a thick consistency, of a slightly acid reaction; soluble in chloroform in equal parts.

It has mostly been employed by Dr. Balzer in varicose ulcers, in syphilitic ulcers and in blennorrhagic vaginitis. It is an excellent antiseptic, also non-irritant, causing no pain.

**SALOL.**—Found by Prof. Nerck, of Berne, Drs. Pepuli and Schwimmer have obtained good results in venereal ulcerations of all sorts, without considering it however superior to iodoform for its rapid action.

In France, Dr. Juvel-Renoy have used it with success in form of pulverization and insufflation in cases of gangrene of tonsils and of soft palate, after having applied the thermo-cantery to the affected parts. After 6 to 8 days cicatrization was complete. Brocq suggests it in gangrenous diabetis. Chatelain himself declares having used it once in indurated chancres, but without great success.

**SOZOIODOL.**—Crystalline powder, resisting even to a temperature of 200°, odorless, soluble in water, glycerine, alcohol, more easily when heated than when cold. It has been used in hospitals of Vienna in skin diseases. Ostermayer has found, in the treatment of burns, that the favorable action of this drug begins even after the first 24 hours. It has also been used with success in wounds caused by caustics.

**ULYPTOL.**—It has been named this by Dr. Schmeitz of Nice, and is composed of

Salicylic acid.....	6 parts.
Carbolic acid.....	1 part.
Eucalyptus essence .....	1 part.

Has an aromatic odor and a burning taste; almost insoluble in water, soluble in alcohol, chloroform, ether, alcohol and glycerine, alkaline solutions, and ammoniac. It is according to Dr. Schmeitz, excellent in dressing of wounds, as it doesn't form albuminates opposing to the antiseptic action.

**DERMATOL.**—Very recently found and presented to the Fourth Congress of the German Society of Gynecology at their meeting of 23d May, 1891, by M. Gläser, of Breslau. It is a yellow powder, odorless, insoluble in water and alcohol, non-toxic, having the property of drying the tissues upon which it is applied. It is a combination of oxide of bismuth with gallic acid, and it has already given good results in the treatment of ulcers.

**MICROCIDINE.**—This is another recent addition made by M. Berlioz, of Grenoble, France.

We analyse from the report of Dr. Potaillon read before the Academy of Medicine the following points:

**PREPARATION.**—Adding to naphtol, which has been brought up to melting point, half of its weight of caustic soda, and leaving to cool, a whitish powder is obtained, formed seventy-five per cent. by naphtolate of soda, and for the remaining twenty-five per cent. by naphtolic and phenolic compounds.

This powder is soluble in water in a proportion of one to three; its concentrated solutions have a brown color; its weak solutions are almost colorless.

The solutions of microcidine have a great antiseptic power; are slightly toxic, non-caustic, cheap to obtain, do not spoil the instruments nor clothings.

M. Berlioz, after repeated experiences, has come to conclusion that the antiseptic power of microcidine is inferior to that of bichloride of mercury and of naphtol, but that it

is almost ten times stronger than that of carbolic acid and twenty times superior to that of boric acid.

The microcidine is largely eliminated by the urine, it is antipyretic also.

M. Polaillon has made several trials by dressings with a solution of thirty per cent.

Having washed the wound with small pieces of absorbent cotton dipped in this solution, has applied a gauze dipped in the same solution, over this, a piece of oil silk, cotton and bandage.

With such a dressing the ulcers of leg and the suppurating wounds healed kindly and the gangrenous smell modified rapidly.

This solution applied to fresh wounds avoids the suppurating process coming on.

It was reported also that at five per cent. and three per cent. solution of microcidine could be used in vaginal and intra-uterine douches. It could be used also in washing of abscess and of suppurating mucous or serous cavities.

**The Virile Reflex.**—If (says Dr. Hughes, of St. Louis) you take a perfectly healthy individual, whose spinal cord is entirely normal, especially in its genito-spinal center, and place him on a couch, without head-rest, supine, and nude about the loins, and make the sheath of the penis tense by clasping the foreskin with the left index finger and thumb at about the place of the frenum and pulling it firmly towards the umbilicus, placing the middle ring and little fingers low down upon the dorsum of the virile organ for perceptive purposes, and then sharply percuss the dorsum or sides of the penis near the perineal extremity, a quick and very sensible motor reflex response or retraction of the bulbous-cavernous portion will be felt to result from this sudden percussional impression, like that which follows though less pronounced in the testicles after sensory irritation of the thighs and known as the cremasteric reflex. This virile reflex becomes impaired or disappears after prolonged or excessive venery. Such is the case after excessive masturbation. It is lowered and abeyant in the later stages of typhoid fever, absent in optic nerve atrophy, unequal pupil and cerebral sclerosis.

**Treatment of Gonorrhœa.**—Dr. Wm. B. Dewees of Salina, Kansas, advocates as a most successful treatment in gonorrhœa:

B. Sodii Biboratis	
Resorcini.....	as 5 ss.
Glycerini.....	fl 5 iijss.
Aquaæ Rosæ.....	fl 5 viij. M.

Sig. Use an olive-pointed hard rubber syringe, and inject about two drachms every two hours the first day; afterwards lengthen the interval as the discharge lessens. After the third day, tincture of cannabis indica in five drop doses every three hours. Expose the glans penis and bathe in as hot water as can be borne, thrice daily. Good nutritious diet, and attention to bowels, avoiding undue exposure as to taking cold and abstain from sexual congress. Thus managed, few cases will remain uncured after eight days' treatment.

**Eruption Produced by Rhubarb.**—M. Litten (*Therap. Monatshefte*) records a case of severe skin eruption caused by rhubarb. The patient's face was very much swollen and covered with scabs, mixed with abundant sanguineous and purulent exudation. The scalp, beard, eyelids, and lips were all involved. On further examination, the whole body was found to be covered with a polymorphous eruption, which, however, presented two special types, namely, hemorrhagic eruptions and pustules. The first named were scattered all over the body, and varied from the size of a bean to that of a small plate, the color being of all shades

between bright blood-red and brown. The pustules were also scattered plentifully over the whole body, and resembled those of pemphigus. The patient felt strong and well, and complained only of the eruption. He attributed the trouble to the use of rhubarb which he knew did not agree with him, as he had previously had slight skin eruptions after its use. When the patient had recovered, Litten administered to him another dose of rhubarb with the same result. Goldenberg has described (*N. Y. Med. Jour.*) a similar, but less severe, instance of the same iatrogenicity to rhubarb. Goldenberg administered the drug to the subject on two subsequent occasions, and each time a similar eruption appeared.

**The Coming Food Exposition.**—This country is destined at no distant day to witness one of the most unique, interesting and instructive expositions this world has ever seen. It is proposed by the food manufacturers to hold in New York, in the Fall of 1892, an exposition to be devoted exclusively to food products, and only such articles of food as are put up by reputable manufacturers who aim to pack pure and wholesome food products of a superior or standard quality. No other class of goods will be admitted under any circumstances. The management of this exposition will be in the hands of broad-minded men of liberal views and ideas, and it is safe to assume that the individual who joins this movement with an ax to grind, outside of a legitimate display of his goods and the benefits to accrue from such advertising, is going to be badly left if he thinks he can use the advantage thus gained in order to throw mud at a competitor. No awards, medals or certificates will be given at this exposition, and all food manufacturers will be invited to attend and be made welcome who will show their colors and state that they manufacture pure and wholesome goods free from all injurious adulteration. This, we understand, is the basis upon which the food exposition will be conducted.

Under the auspices and management of the manufacturers, it will be conducted for the benefit of and with the co-operation of the grocer, both wholesale and retail, and the consumer. The general public will be expected to contribute their quota towards the success of the enterprise, and it can be stated without hesitation that the attendance at this exposition will exceed a quarter of a million of the best class of people, those who are most interested in purity and wholesomeness of that which they put into their stomachs.

**Higher Medical Education.**—At the meeting of the Board of Trustees of the University of Pennsylvania, held May 21st, Dr. Pepper made an offer of \$50,000 towards an endowment fund of \$250,000, and of \$1,000 annually towards a guarantee fund of \$30,000 annually, for five years, conditioned upon the establishment of an obligatory graded four-year course of medical study. This was accompanied by a communication from the Medical Faculty, pledging themselves to carry out this proposal, and to enter upon the four-year course in September, 1893. It was also reported that the members of the Medical Faculty had themselves subscribed \$16,000 annually for five years to the endowment fund. The Board of Trustees expressed warm approval of the proposed advance in medical education, but postponed their assent until the success of both funds had been demonstrated.

The approaching completion of the fine Laboratory of Hygiene, built by Henry C. Lea, Esq., will render the medical facilities of this school unequalled. It is to be hoped that the necessary pledges will be secured promptly, as the interests of the entire community are deeply involved in the success of this great advance, which will enable medical students to obtain a thorough practical education in every branch of their profession.

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## UNIVERSITY EXTENSION.

THERE is a world of meaning in the concise definition of university extension as given by Regent Watson at the University Convocation in Albany a short time since, "The Democratization and at the same time the Evolution of Education." The republic of knowledge is a Democratic republic, from whose rich store house every soul within its vast domain should be able to draw that sustenance necessary to meet its special wants and aid it in starting upon a life's work of development, of intellectual growth and usefulness. Ezra Cornell struck the keynote of that higher education, in placing the resources of literature and science within the reach of all, and outlined the university of the future in the simple words "I would found an institution where any person can find instruction in any study." What Ezra Cornell, uneducated in the universities of literature and science, but with the large practical knowledge of individual needs in special instruction best suited to their own minds, and with the clear vision of an almost prophetic soul put into form and shape in Cornell University, Johns Hopkins and Leland Stanford, the one in Baltimore and the other in California, following the same line of thought, looking at the "democratization and at the same time the evolution of education" with larger wealth, and a riper experience gained from the study of the universities of the world, have also accomplished in institutions built on the broad and enduring basis of democracy and evolution. And yet what has already been accomplished in this trio of universities is but the beginning of a work

which either has been or will be caught up by many of the leading educational institutions of the country, enlarging their sphere of usefulness and becoming universities in reality as well as in name, with ample facilities for elective study in any department in literature, science and art.

But university extension means more than this. The great majority of the community have neither time or means to spend in the great literary and scientific centers, in acquiring those fundamental principles of education so essential in following out satisfactorily special lines of study and becoming skilled workmen in the various departments of industry. After the preliminary steps have been taken, a certain amount of knowledge acquired, means obtained by skilled labor, the great universities with trained teachers, and apparatus as perfect as science and wealth can make, beckon with welcoming hands all whose mental and scholastic training have been sufficient to enable them to appreciate and utilize the wealth of information afforded them. The district school, the high school and the college, laying the foundations of a preliminary education, are the stepping-stones to the university in which that instruction is given in special studies for which all the rest have been preparatory and to which they have been leading. This preliminary education, including much of special instruction, is a part of that university extension leading to what, in the terse and graphic language of Regent Watson, is the "Democratization and at the same time the Evolution of education." The State University, following somewhat the plan of the English universities, and nearer home the Chattaqua University, which has accomplished so much, marks out a line of study, recommending lecturers who have been thoroughly trained in their work, the choice scholars of the great educational institutions of the world, who themselves prepare a clear but concise syllabus of their lectures in the various departments of study, in which is included the necessary text-books to be studied, the books of reference to be consulted and the general reading to be followed, so that there is no man or woman so poor that their thoughts and studies may not be intelligently directed in the channel best suited to draw out and develop their talents in the line of work in which they can accomplish the greatest success. In every town, in every village, in every country hamlet, and in every farm house, might be found students of the University of the State, the studies directed from one central source, the examinations of whose committees would constitute tests of scholarship and efficiency, and the certificate of the university thus obtained, would enable the

student to compete successfully in some one of the great industries of the world for which he was best qualified.

The example set by the great Cambridge University in England, in 1867, has been followed by Oxford, the Scotch universities and the colleges of Ireland and Wales, so that last year no less than 41,000 English men and women outside the colleges and universities walls were reached by these elective courses, and the amount of good accomplished beyond calculation. The people are ripe for just such a movement, a movement which at a trifling individual expense and time which could be easily spared from secular employment, places the richest stores of learning and the highest grades of scholarship within the reach of all.

But university extension to be thoroughly in keeping with the spirit of our democratic institutions should include every department of industry, every field of science and every profession.

The guiding hand of the trained scientist might direct the studies of the student, who seeks in the ranks of the medical profession to prevent and relieve suffering, as well as those of the agriculturist, the mechanic or the artist, and step by step during the long winter evenings and the spare hours in the spring, summer and fall, the foundation of a medical education could be laid, in the botanical study of flowers and plants, the mineralogical study of minerals and the text-book description of their preparation and pathological effects, the anatomical and physiological structure of the system and the uses of the different parts, and that reflex action which binds the whole system together in thought, sensation and action. No matter how this knowledge is obtained if the student can pass the same examination as the one who has passed through a regular college course, let all alike receive the same honors and be admitted to the same standing in the profession of their choice. We do not wish to be understood as underrating the instruction which should be given in medical colleges, but that instruction in many of the medical colleges ends where it should begin. The fundamental principles of our profession can be learned outside of college lecture rooms where didactic lectures are often simply a repetition or rehash of text-books already in the hands of the student, but no books, no dissecting room, no chemical analysis, however important the knowledge gained, no didactic lectures, however eloquent, no experiment, however brilliant, can bring to the mind that picture of disease in its ten thousand forms which can only be learned by the touch, the eye, the smell, in that close clinical study obtained by the actual contact with disease

in the clinic, in the sick room and in hospital wards where each specialist learns to recognize the various forms of disease he will be called upon to treat. Not only is the knowledge of diagnosis obtained, but the action of remedial agents is seen and their indications noted, and the student launched into the profession with a practical knowledge of the diseases he is to meet and the tools he is to employ. It is a self-evident fact that a man must understand the ground work of his profession, a certain knowledge of chemistry, anatomy, physiology, *materia medica*, hygiene and the processes of life and death, before he can study correctly the changes produced by disease in the living organism. All these studies can be pursued, if the condition of the student render it necessary, under the intelligent direction which university extension proposes, outside of the college lecture room, and while engaged in the daily work necessary for support, but nothing can supplement the clinic, either in hospital or post-graduate study, and for this reason the importance of post-graduate study, devoted at it is to clinical, microscopic and laboratory work, can not be overestimated, and becomes a matter of the greatest importance not alone to the physician, but to the lives of the patients entrusted to his care. If we are to have laws looking to the protection of the community from incompetent practitioners let the State examinations be extended to all who apply, no matter how or where their knowledge has been obtained, but let them be conducted in such a manner as to show a certain amount of clinical study.

#### MR. BLAINE AND THE DOCTORS.

ONE of the most amusing features of the coming political contest is the statements with which the papers have been filled during the past few months in reference to Mr. Blaine's condition. It would seem that the spirit of Baron Munchausen was hard at work among newspaper reporters, for never since the days of the Baron have stories so contradictory, so utterly ridiculous, been formulated as those which have appeared in long letters and columns of telegrams respecting Mr. Blaine. To cap the climax an analysis of Mr. Blaine's urine is published by a professed (?) friend of the statesman as coming from a distinguished expert in the medical profession, whose name is not given, so evidently false that though it might deceive the public it certainly could not deceive an expert. The writer should cram a little more before he writes another analysis, as urine, the normal specific gravity of which is from 1,015 to 1,026, would not be likely to show a specific grav-

ity of 1,009, six degrees less than the lowest named specific gravity, when it contained 40 per cent. of albumen. With this amount of albumen the specific gravity would be higher rather than lower than normal. As another evidence of the Munchausen character of these stories, physicians have some little regards for their oaths, and in the old Hypocratic oath which every physician takes on entering his profession, he binds himself "never to disclose the secrets of his patients." All courts of law recognize the validity of this oath, and any physician who would violate it, especially in a case like this, would deserve the strongest censure, even to being turned out of the profession. It is quite safe to say no such analysis as that published has ever been made. Mr. Blaine has never been considered even by his enemies as entirely destitute of common sense or so desirous of being President as to sacrifice his life to secure the office, and when the time comes for him to speak, knowing his physical condition, he will speak in no uncertain language.

#### BACTERIA IN THE EYE.

THE study of bacteria show they attack almost every organ of the body, and when they can be reached and destroyed by local application the cure is materially facilitated. In the purulent ophthalmia of infancy which in time past caused so much blindness in children, there was discovered by Meisser, in 1879, large quantities of bacteria which were undoubtedly the cause of the inflammation and to which he gave the name of "gonococci." The cause of the disease having been ascertained the remedy soon followed in a very weak solution of nitrate of silver, a single drop of which inserted between the lids destroyed the cocci at once.

Dr. Cohn, in the *Gartenlaube Leipsic* for June, gives an interesting description of other forms of bacteria in connection with the eye. It has long been known to oculists that when one eye, as a consequence of injury, exhibits a severe inflammation of the iris, that from three to six weeks later, and sometimes even after years, the other uninjured eye becomes inflamed and is invariably lost. The disease of the second eye was attributed to sympathy, but it is now known that it is due to another *coccus* present in all pus, and called from its existing in clusters the yellow grape *coccus*. Deutschman raised a pure culture of this grape *coccus* and injected a little into the eye of an animal. Before long the cocci spread through the optic nerve to the brain, to the point at which it was intersected by the other optic nerve which

it traversed to the sound eye, when it set up an inflammation similar to what until then had been attributed to sympathy. The lesson of the discovery is that since it is impossible to destroy the *cocci* in the eye just diseased, it is better to remove it at once, especially if the sight is wholly or almost destroyed, so as to guard against the possibility of the immigration of the *cocci* to the sound eye. The *chain coccus* found in inflammation of the lachrymal gland are no less dangerous than the *grape coccus*. When pus forms in this gland it extends to the eye, doing no injury as long as the superficial sheathing of the cornea is uninjured; but a particle of the finest dust getting into the eye and scratching the surface renders it accessible to the pus from the lachrymal gland, which sets up a most dangerous inflammation of the cornea which may easily result in the loss of the eye.

It is now well known that only through bacteria pus makes its appearance in the eye. Twenty years ago the most successful oculists were quite unable to account for the fact that after what appeared to be quite a successful operation for cataract, matter made its appearance and the eye was lost. Such an event rarely occurs nowadays. Koch's important discovery, that all bacteria are destroyed by a current of steam, having led to the invariable practice of treating surgical instruments to some germ destroyer before use to destroy any bacteria that may have alighted on them from the air.

#### BOARD OF STATE EXAMINERS.

A JOINT conference of the members of the three boards of medical examiners, who were chosen by the regents of the State University under the law of 1890, was recently held in the Senate Chamber in Albany, all of the twenty-one members with one exception being present. Secretary Dewey, of the regents, said, although all medical colleges had opposed the law and thought that they should be allowed to give degrees without reference to this board, none of them had accepted his invitation to be present and discuss the matter except the Albany Medical College, which had sent Drs. Vander Veer and Hun to represent it. He added that while the board of regents could not interfere with the examinations, they could refuse to grant a certificate at any time they considered that any of the boards were acting partially.

The chairman was empowered to appoint a question board of six members, to consist of two from each of the separate examining boards, for the pur-

pose of preparing a syllabus in all departments of examination, except of *materia medica* and *therapeutics*. It was also decided that twenty questions be prepared on each syllabus, from which each candidate may cancel five questions and be marked on his answers to the remaining fifteen questions.

Four examinations each year were ordered to be held in the cities of Buffalo, Syracuse, Albany and New York, at times to be designated by the board of regents after consultation with the faculties of the medical colleges, with a view to suiting the convenience of the latter. It was determined that examinations in all subjects should be held in the English language at one time, and all candidates must be graduates of medical colleges with the degree of M. D.

Each of the three medical boards then retired to separate rooms and arranged for permanent organization, in order to be ready to begin their duties promptly when their official term commences on September 1.

That representing the State Medical Society elected Dr. William C. Wey, of Elmira, president, and Dr. George R. Fowler, of Brooklyn, secretary. Drs. Wey and Fowler were also chosen to act as members of the syllabus committee. The examination papers will be prepared for this board as follows: *Obstetrics*, Dr. W. W. Potter, Buffalo; *anatomy*, Dr. W. S. Ely, Rochester; *chemistry and materia medica*, Dr. M. J. Lewis, Albany; *physiology and hygiene*, Dr. W. C. Wey; *surgery*, Dr. G. R. Fowler; *pathology and diagnosis*, Dr. J. P. Creveling, Auburn; *theory and practice*, Dr. Eugene Beach, Gloversville.

The Homeopathic Medical Society's Board organized as follows: President, Dr. Asa S. Couch, Fredonia; secretary, Dr. Horace M. Paine, Albany; syllabus committee, Dr. John McE. Wetmore, of New York, and Dr. W. S. Searle, of Brooklyn. To prepare examination papers: *Obstetrics*, Dr. W. S. Searle; *anatomy*, Dr. H. M. Paine; *pathology and diagnosis*, Dr. A. S. Couch; *chemistry*, Dr. J. McE. Wetmore; *materia medica*, *therapeutics and practice*, Dr. J. W. Sheldon, Syracuse; *surgery*, Dr. E. E. Snyder, Binghamton; *physiology and hygiene*, Dr. A. R. Wright, Buffalo. The Eclectic Board's organization is: President, Dr. H. J. Linn, New York; secretary, Dr. E. S. Moore, Bay Shore; syllabus committee, Dr. W. L. Tuttle, of New York, and Dr. E. S. Moore. To prepare papers: *Anatomy*, Dr. W. L. Tuttle; *theory, practice and therapeutics*, Dr. J. H. Dye, Buffalo; *surgery*, Dr. E. S. Moore; *physiology and hygiene*, Dr. Robert Hamilton, Saratoga; *pathology and diagnosis*, Dr. J. P. Nolan, New

York; *obstetrics*, Dr. H. J. Linn; *chemistry*, Dr. H. B. Smith, Brooklyn.

#### PAN AMERICAN MEDICAL CONGRESS.

THE Pan American Congress inaugurated under the auspices of Secretary Blaine was productive of marked benefit in bringing together the leading representatives of the American republics and discussing from a practical standpoint those great principles of international law and reciprocity which would be of benefit to all. We know to-day less of the wealth, the climate, the flora and the possibilities in the development of great industries of our own continent than of either Europe or Asia, and none of the least important features of the World's Fair in Chicago in 1893 will be, if the plan is perfected, of bringing together as a part of its scientific work a Pan American Medical Congress. The flora of our continent is the richest in the world with no end of medicinal plants, many of which have been carefully studied by local physicians and botanists, and which if known would enrich our pharmacopeas. Most of the crude material from which in the laboratories of the European chemists have been obtained those wonderful remedial agents, which have revolutionized the therapeutics of the world and completely changed the *materia medica* of all nations, were first introduced to the civilized world from this continent. We have only to mention the cinchona tree, cocaine, gelsemium, baptisia and the long list of coal tar productions, in analine colors and remedial agents, to give a faint hint of how much the world is indebted to those agents originally introduced to the world from this continent. Following in the footstep of the congress of statesmen a congress of medical men, each contributing some general idea of the flora, the climate, the productions and the therapeutics of his own country, would be productive of more real benefit than a dozen European congresses—which after all, useful as their work undoubtedly is, represent simply the natural evolution of medical and surgical work—in bringing to the notice of the scientific world new material, the careful study of which would still further increase our effective weapons in combating disease.

The Pan American Medical Congress to be free from all sectarian influence should be open, under proper restrictions, to the entire medical profession, including scientists more or less interested in the preparation of medicinal agents. As the congress would be to a certain extent a national affair, it seems to us the movement should be inaugurated by the Surgeon-General of the Army and Navy,

who by special invitation should gather around him a few fair impartial representatives of the entire profession, who would formulate a practical plan for the formation of the congress and its efficient work.

#### SMALL DOSES.

**I**N THE *Edinburgh Medical Journal*, December, 1890 (*Med. and Surg. Rep.*), Dr. J. L. Porteous praises the use of small and repeated doses of a variety of drugs, among them gelsemium, calomel, opium, nux vomica, and nitro-glycerine. Speaking of the assayed fluid extract of gelsemium he says: "I have found wonderful benefit derived from the use of this medicine in minute doses—say five drops of the extract in four ounces of water, one teaspoonful of this every ten minutes for one hour, then every hour. When I first read of this mode of administration of the drug I was skeptical, but at the same time was determined to try it. I had an early opportunity, which presented in the form of threatened pneumonia. The condition of the patient was as follows: There were minute crepitations; pain in lungs; temp., 104°; pulse, 130; skin hot and dry. After two hours' treatment, as above, the skin became moist, temperature and pulse were reduced, and what appeared to be the commencement of an attack of pneumonia averted. If aconite in same proportion be added, the results are even more satisfactory.

"The drug is powerful. Five drops may cause double vision and other toxic symptoms, but when given in minute doses these symptoms are avoided, and the beneficial effects of the medicine only are produced. Dr. Aulde has found it of service in the neuralgic pains of dysmenorrhea."

Of calomel, Dr. Porteous says that *small doses increase the secretions, large doses arrest them*. Tablet triturates, each containing gr. 1-20, prove useful in derangement of the alimentary tract in children often due to torpid liver. One must be given every half-hour till six or eight have been taken.

Opium given in small (gr.  $\frac{1}{2}$ ) repeated doses, contrary to general teachings, *increases secretions*—e. g., ovarian or other reflex pain which interferes with secretion and causes constipation is undoubtedly relieved by them. If given in like doses in bronchitis, where there is great dryness and burning pain with every cough, after several small doses secretion will take place and the raw feeling be relieved.

Ten drops of nux vomica in a wineglassful of water, of which one teaspoonful is given every ten minutes for one hour, then every hour, has proved

beneficial in the only case of vomiting of pregnancy in which Dr. Porteous has tried it. In typhoid fever, when it is lingering and vitality is at a low ebb, it proves useful given of same strength as mentioned above, only every hour during day, and every two hours during night.

**Nitro-glycerine** Dr. Porteous has found useful in one-drop doses of a one per cent. solution every five minutes during a paroxysm of asthma. If given in tablet form the tablet should be dissolved in the mouth before swallowing.

#### NICOTINE AS A BACTERICIDE AND REMEDY FOR CONSUMPTION.

**A**IDED by the opportunities he enjoys as a tobacco manufacturer, Mr. Nathan D. Kohler, of 372 Hudson St., Brooklyn, has been engaged for several years in studying the effects of nicotine upon the human system. In a letter addressed to us he states his conviction that the curative virtues of this agent are as yet but imperfectly appreciated by the medical profession. This, he thinks, is mainly due to the mode in which the drug is usually administered. Given by the mouth, it acts as a violent emetic and cathartic, produces great prostration, and is also extremely irritating. But the writer believes that it might be introduced into the blood-current by subcutaneous injections, without causing any untoward symptoms, the amount being gradually increased as the patient became accustomed to its action. Mixed with a ready absorbent, such as lanolin, and rubbed into the skin, over the lungs or other part affected, the following, according to his observation, would be its effects: First, A certain degree of exhilaration, succeeded by a languid feeling, and possibly by some depression. Second, Very slight nausea, or perhaps only a trifling cathartic action. Third, The tissues (blood-vessels, muscles, etc.) would be hardened and rendered more resistant, thus enabling them to repel the inroads of microbes, without interference with any organic functions. Some palpitation of the heart might be occasioned, and possibly a certain amount of diuresis, but these disturbances would pass off as soon as the drug was eliminated from the system. Fourth, Upon lungs infested with tubercle bacilli, nicotine would act as a gentle expectorant, and also to a sufficient extent as an irritant, causing cicatrization of old pus cavities, so that perfect healing would ultimately take place, since, by gradually augmenting the dose, the blood could be charged with the poison, until it became impossible for microbes to exist. "Nicotine, I think, is one of those drugs providentially bestowed upon mankind, which are powerful

enough to perform their beneficial work, but not to inflict the slightest injury upon the vital organism, it has always been the drawback hitherto in this kind of treatment, that whatever was strong enough to kill the microbe, would kill the patient also. Not so with nicotine."

Mr. Kohler is very desirous of finding some scientific expert who will undertake to confirm or refute the above opinions experimentally.

#### THOMAS CECIL'S VICTORY OVER BELLEVUE HOSPITAL MEDICAL COLLEGE

THE Court of Appeals of the State of New York has confirmed the able and sensible opinion of Judge Van Brunt, of the Supreme Court of this County, in the case of "The People *ex rel.* Thomas Cecil, against Bellevue Hospital Medical College. As this is the highest judgment to be obtained, we presume the college will deign to allow Thomas Cecil to appear before its august faculty for examination, but Mr. Cecil should protect himself by having a stenographer present to take down every question and answer and whatever else may be said at this interview.

It is not to be expected that justice will be accorded voluntarily, judging from the past. Medical students and the profession owe Mr. Cecil a debt of gratitude for his courage in pushing this case to its highest tribunal, thus showing medical colleges that students have some rights which they are bound to respect.

It is said that there are many points at which Bellevue Hospital Medical College should be attacked. This should be the duty of the regents of the university! Mr. Cecil ought now to demand of the regents a thorough examination into its affairs, and if what we have heard can be substantiated, the charter should be taken away. We advise students to consider carefully before matriculating at this college, as they may be treated as Mr. Cecil was.

#### EXPERT TESTIMONY.

THE recent trial of the *Algerian* known as "Jack the Ripper," which resulted in a verdict of murder in the second degree, brought out in strong light, the usual conflict in these cases, of expert scientific testimony. Experts of acknowledged scientific standing came to entirely different conclusions in view of precisely the same facts. The microscope and the spectroscope of one party were met by the same instruments and the same reagents on the other side, but, what one side insisted proved certain facts conclusively,

the other side was equally positive had no bearing on the case and was entirely worthless. If this was not a contest in which a human life was at stake the spectacle would have been amusing. An intelligent jury would certainly be justified in excluding the testimony of all the experts and drawing their conclusions from other sources. It is a question if the conviction was not the result more of the skill of the prosecution backed by the police department than any real evidence of guilt.

#### ELECTROCOUCTION.

THE killing of four men by electricity a few days since at Sing Sing in conformity with the sentence of the court, has attracted the attention of the community not alone to the manner of killing, which seems to have been entirely successful, but to the still more important question what good after all is ever accomplished by these executions. Statistics clearly show that every execution is followed by some fiendish crime, which legal killing so far from having prevented seems to have excited. Is there no better use to put a murderer than to kill him? If more thought was directed to the best plan for protecting society from crime, it seems to us a wiser solution would be given to the question, than the electric chair or any other form of legal killing known to a *Christian, civilized* community. Crime would more surely meet its penalty, if that penalty were not death.

#### MONGOLIAN BRAINS.

DR. LOPPINGWELL HATCH, in making a post mortem examination of a Mongolian (Chinese), confirmed the statement made of the peculiarity of the vermiform appendix which was four or five inches in length and infundibular in shape. These peculiarities are common to the negro and Mongolian, but are not found in the Caucasian. The parietal and occipital lobes of the brain were distinctly separate, and a *pli de passage superior interne* was patent on both sides. These last named conditions, the author says, are common among the anthropoid apes, the *pli de passage* being constant, but had never been found in the human brain, save in those of idiots. Of the seven Chinese brains examined there were peculiarities not found in the Caucasian brain, which seemed to show that the Chinese brain was of a low type and *sui-generis*; the fact, however, that all the brains examined were from individuals of low cast should not be forgotten, and yet the peculiarities were so marked as to seem common to a race.

## DIURETIN IN DROPSY.

GERMAN and Scandinavian physicians have recently experimented quite extensively in hospital and private practice with *theobromine* in dropsy from various causes. Schröder, of Strassburg, after extended and careful experiments upon animals, reports that he finds the drug a powerful renal stimulant, differing from caffeine, whose chemical constituents are somewhat similar, by not being preceded or accompanied by any perceptible effect on the nervous system. The experiments in the hospitals of Vienna, Germany and Copenhagen fully confirm the great value of the drug. The alkaloid itself is almost insoluble even in the stomach, but Dr. Gram, of Copenhagen, found by combining it with equal portions of salicylate of sodium it was readily dissolved in warm water and easily absorbed. This combination is called *diuretin*, and may be administered in pill form or in warm water in from five to twenty grains every four hours. The drug does not increase arterial tension, produces no irritation of the stomach or kidneys, and strengthens and regulates the heart's action. Diuretin is undoubtedly one of the most harmless and yet the most prompt and efficient in its action of a long list of valuable diuretics.

## AN OBJECT LESSON IN WEATHER.

SERGEANT DUNN, who sends out weather bulletins, under the direction of Uncle Sam, from the top of the Equitable Building, gives the following general weather indications:

A red sky at night, whether clear or cloudy, indicates clear weather.

A sickly, greenish sky, means rain or wind.

Coppery and tawny clouds are signs of approaching wind.

A dark red sky in the morning means rain or wind.

A gray sky in the morning is a promise of fine weather.

Dark, gloomy, blue skies foretell a wind.

A light blue sky indicates fair weather.

Jagged, torn clouds announce the advent of high winds.

A "high dawn"—when the sun is first seen above a blanket of clouds—forebodes wind.

A "low dawn"—when the sun appears near the horizon—is a sign of fair weather.

In a general way the softer the clouds appear the milder will be the wind. Any change in colors means a change of some kind.

THE New York County Medical Society has recently hauled several of its members over the coals for recording their professional doings in the daily press in violation of the Code of Ethics. The charges were met in each instance with apologies, and the "over-zealous friend" became the scape-goat—doubtless with justice, as

laymen do not appreciate the bearings in such cases. Of course the editor of the lay press has as good a right as any other editor to use his scissors, and the Code of Ethics can not restrict him, but the honor of the profession demands perfect integrity on the part of its members regarding such matters.

A WONDERFUL discovery has been attracting the attention of scientists. A beam of sunlight is made to pass through a prism so as to produce the solar spectrum, or rainbow. A disc, having slits or openings cut in it, is made to revolve so that the colored light of the rainbow falls on silk, wool or other material contained in a glass vessel. As the colored light falls on it, sounds will be given by the different parts of the spectrum and there will be silence in other parts. If the vessel contains red worsted and the green light flashes upon it loud sounds will be given, only feeble sounds will be heard when the red and blue parts of the rainbow flash upon the vessel, and other colors make no sound at all.

MANY homœopathic pharmacies contain a list of *Count Mattei's* remedies, and we occasionally see reports of almost miraculous cures from the Count's prescriptions. While we believe it is claimed by the Count that the remedies are homœopathic in their action, his prescriptions and the preparations of some of his medicines are secrets known only to himself. The Count's extensively advertised "cure for cancer" is about to be put to a practical test. Mr. Stead has started a test ward of five beds in a small hospital near London, with a committee consisting of Sir Morel MacKenzie and Dr. Potter, to report the results of the treatment.

D R. A. P. BROWN, of Fort Worth, reports in the *Medical Standard* a case which he says recently came under his observation. "The case was a three and one-half year old, weighing sixty-eight pounds, ruddy, fat and jolly; all the organs of the body being in harmonious proportion to the weight. The child had the appearance of a ten-year old."

MILK IN TYPHOID FEVER.—An epidemic of typhoid fever broke out in Sweden recently, and was traced through the milk supply in the family in which the case occurred, to a well into which there leaked drippings from a manure heap twenty feet away. The milk cans were washed with this water every day, and when the practice was stopped the epidemic ceased.

**T**HE seven regular professors of the College of Physicians and Surgeons are to receive \$7,000 a year in place of fees. Whether the students will get any better instruction or not will of course depend upon the ability of the professors, but the plan is an improvement upon the old in giving them a more independent position as teachers with probably more science in their lectures and less clap-trap and spread-eagleism. Medical colleges ought to be endowed institutions the same as theological seminaries.

### BIBLIOGRAPHICAL.

**PRACTICAL INTESTINAL SURGERY.** By F. Robinson, M. D. Physicians' Leisure Library. Geo. S. Davis, publisher, Detroit. Issued monthly. Price, 25 cents.

The author says his book is the result of original experimental work and an attempt to add something to the field of gynecology. The object of the author has been so far successful that several important points have been demonstrated which add much to the success of abdominal surgery.

**A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS, BASED ON THE MOST RECENT METHODS OF EXAMINATION.** By Oswald Vicroedt, M. D. Translated from the second German edition by Francis H. Stuart, A. M., M. D. With one hundred and seventy-eight illustrations. Philadelphia: W. B. Saunders, 1891. Price, \$4 and \$5.

The title hardly conveys a sufficient idea of the real value or the wide extent of study shown in the work. The author has strongly impressed on the reader in his studies that, besides availing ourselves of the constantly increasing finer methods of diagnosis which are clearly set forth, the simple use of our senses, especially of the unaided eye, must not be forgotten. Still more, the manifold labors with the microscope and the laboratory ought not to permit the physician to forget that a preparation or a chemical reaction is not enough for a diagnosis, but that the whole organism must always be brought under consideration. In other words, in diagnosis as well as therapeutics we must *individualize* the case. A treatise prepared by so able a man as Prof. Vicroedt upon such strictly practical, common sense and scientific lines, could not fail to be of great value.

**LECTURES ON TUMORS.** By John Hamilton, M. D., LL. D., Physicians' Leisure Library Series. George S. Davis, publisher, Detroit.

Twelve lectures by one of the ablest teachers of surgery in this country, reported by a stenographer in the colloquial form in which they were delivered, for twenty-five cents, is placing the choicest medical literature within the reach of every one.

**A CLIMATE FOR INVALIDS AT CORONADE BEACH.** Dr. H. A. Johnson, Chicago, in "Our Italy," by Charles Dudley Warner. Copyright, 1891, by Harper & Brothers.

The choice of a climate for invalids and semi-invalids involves the consideration of: First, the invalid, his physical condition (that is, disease), his peculiarities (mental and emotional), his social habits, and his natural and artificial needs. Second, the elements of climate, such as temperature, moisture, direction and force of winds, the averages

of the elements, the extremes of variation, and the rapidity of change.

The climates of the western and southwestern portions of the United States are well suited to a variety of morbid conditions, especially those pertaining to the pulmonary organs and the nervous system. Very few localities, however, are equally well adapted to diseases of innervation of circulation and respiration. For the first and second, as a rule, high altitudes are not advisable; for the third, altitudes of from two thousand to six thousand feet are not only admissible, but by many thought to be desirable. It seems, however, probable that it is to the dryness of the air and the general antagonisms to vegetable growths, rather than to altitude alone, that the benefits derived in these regions by persons suffering from consumption and kindred diseases should be credited.

Proximity to large bodies of water, river valleys, and damp plateaus are undesirable as places of residence for invalids with lung troubles. There are exceptions to this rule. Localities near the sea with a climate subject to slight variations in temperature, a dry atmosphere, little rainfall, much sunshine, not so cold in winter as to prevent much out-door life, and not so hot in summer as to make out-door exercise exhausting, are well adapted not only to troubles of the nervous and circulatory systems, but also to those of the respiratory organs.

Such a climate is found in the extreme southern portions of California. At San Diego the rainfall is much less, the air is drier, and the number of sunny days very much larger than on our Atlantic seaboard, or in Central and Northern California. The winters are not cold; flowers bloom in the open air all the year round; the summers are not hot. The mountains and sea combine to give this region a climate with few sudden changes, and with a comfortable range of all essential elements.

A residence during a part of the winter of 1889-90 at Coronado Beach, and a somewhat careful study of the comparative climatology of the southwestern portions of the United States, lead me to think that we have few localities where the comforts of life can be secured, and which at the same time are so well adapted to the needs of a variety of invalids, as San Diego and its surroundings. In saying this I do not wish to be understood as preferring it to all others for some one condition or disease, but only that for weak hearts, disabled lungs, and worn-out nerves it seems to me to be unsurpassed.

"The Riviera is no rival," says Dr. T. Griswold Comstock. "Since my first visit to Southern California I have recommended invalids to spend their winters in the San Gabriel Valley. In not a few instances (of confirmed tuberculosis), I have advised an entire change of residence, insisting that they should make their permanent home there, and I have had the satisfaction, in a few cases, of seeing patients who could not have survived more than a few months in our climate, to have their lives prolonged for years, and in some instances a perfect recovery has taken place."

"I know of no more charming place in the whole world than Coronado Beach, with its palatial and excellent hotel, where 'home comforts' may be found."

"To see a sunrise and sunset in San Diego, on the heights overlooking Coronado Beach and the beautiful harbor, is one of the loveliest sights I have ever seen in any part of the world. I am personally familiar with the climate of the Riviera, in North Italy, and in my opinion it certainly does not equal that of Southern California."

"No hotel like the Hotel del Coronado is to be found in any part of Europe; and a hotel there with anything like its comforts, would cost about three times as much as at Coronado. I speak from experience, having quite recently returned from a five months' tour over the continent."

It is said that Coronado is a haven for hay fever sufferers. Here hay fever is not indigenous, and, in imported cases, its course is short. In fact, the atmosphere is so pure, so free from irritating dust and noxious vegetable effluvia, that the material on which the disease feeds is altogether lacking. Other circumstances are also highly favorable;

for instance, the proximity of the surrounding ocean, and the regular alternating breezes, tending to maintain the equability of the temperature of the air, which varies but little during the twenty-four hours.

It is owing also to the sea breeze, that the air is never so dry as to be unpleasant, but is always soothing to the respiratory organs. A physician of eminence, during three years' residence, took note of the hay fever invalids who came here, and was often amazed at their rapid recovery.

## CORRESPONDENCE.

### OBJECTIONS TO LARGE HOSPITALS.

"Sir Morell Mackenzie objects to large hospitals, remarking that the aggregation of sick persons in large numbers is as much out of place as intramural interment—the added virulence of germs from the bodies of numerous cases is to be considered, in fact, more dangerous than that of those emanating from dead bodies. Another objection to the large hospital he makes is that the relief given by it is in a sense indiscriminate, the out-patient department of hospitals being the greatest pauperizing agency now existent—from this arises a third objection, namely, the cruel hardship entailed upon the medical men of the neighborhood. He considers the special hospital in a large degree free from these and other objections, and favors the exaction of a small fee from dispensary patients."

The foregoing clipping from the *Tribune* of some days ago seems to present three important and pregnant facts in very succinct manner. Few persons have had more experience in the workings and results of general and special hospitals than Sir Morell Mackenzie; hence his words come with force.

The first statement as to the deleterious effect of a large number of sick bodies gathered in one place, causes one mentally to call up his own experiences. One important limitation to this he has omitted, and that is, when the aggregation of sick is in a large center of population. For example, the General Hospital of Montreal is placed in a portion of the city densely populated, and despite the most modern and intelligent methods of ventilation, it has been found impossible to keep away the distinguishing "hospital odor." The same condition I found in the magnificently conducted St. Thomas's Hospital of London. Place against these the system of island hospitals of New York, where the buildings are literally in the country and exposed to every wind that blows. In Ward's Island Hospital surgical wards, which are on the topmost floor of the structure and where some of the most disgustingly odiferous cases of ulcers, etc., are treated, the atmosphere is pure enough to satisfy the most delicate nostrils. From these facts, it would seem proper to advocate either a large number of small hospitals, with extensive open space around, in the city, or else large hospitals removed some distance, with simple receiving stations in the city itself.

The second and by far most important portion of Sir Morell's statement, is the pauperizing effect of large charities. Definite information in regard to dispensary work in New York, I have, through others only, but the general denunciation by professional men gives evidence of its abuses. I have been told that many dispensaries, to swell their statistics, even go so far as to hunt up and solicit patients. There are no students permitted to be present to learn from them; no questions asked as to their capacity to pay; hence all the features savoring of charity being removed, well-to-do people are not ashamed of taking for nothing what they are well able to pay for. No wonder Sir Morell Mackenzie cries out against the cruelty to the struggling practitioner in the neighborhood, whose very chance of living is thus taken from him. For who will

pay an ordinary man when they may be treated by men with great names, almost in private, and with medicines thrown in?

In the Hôtel Dieu, of Montreal, the intending patient must bring a certificate "in forma pauperis," from a priest, must pay a fixed sum for medicines and bottles, and must be willing to be used for teaching purposes. In the General Hospital of the same city, a clergyman or governor of the hospital must sign the request for treatment, but the medicines are free, and far more practical use is made of the patient for teaching purposes. Even there I have seen many well-dressed people, more especially women, amply able, but very unwilling to pay.

One of the strongest preventatives of so-called "respectable" people taking this undue advantage of charities, is the presence of large numbers of students. Though undoubtedly a humiliating procedure to some deserving poor people, the examinations by students never, in my four years' experience in the General Hospital, seemed to have injured the patient, but rather did good by bringing out features of the case, liable to escape the eye of the busy attending physician or surgeon. If students were allowed free access to the wards, the resident staff would be compelled to do their best work, to avoid loss of prestige in the eyes of students who, as a body, are the most pitiless of critics.

The question of druggist prescribing is, I believe, a matter in which the laws of Quebec resemble those of New York State, with this difference, that the smaller population of the former permits of the laws being enforced—and enforced they are. In the Province of Quebec no physician may practice pharmacy and medicine; he must choose one or the other, and, in view of this restriction, no druggist may prescribe medicine; he must refer the patient to a physician.

Yet, time and time again, have I gone into New York city drug-stores and found the druggist, who was sometimes not even a doctor, prescribing. The result is cut-rates; for the natural tendency of humanity is to go to the cheapest, ignoring, from thoughtlessness, true ability. Hence, a miserable existence for practitioners among the middle and poorer classes.

In regard to the last clause of the clipping, one might think Sir Morell naturally prone to be particularly hard on special hospitals. Yet it is safe to say that a specialist would not get the class of patients which goes to them—they would go without treatment, or be treated by general practitioners, being quite unable to afford a specialist's fee.

Ward's Island Hospital, July 22, 1891. H. M. P.

### IS THE USE OF THE TYPEWRITER INJURIOUS?

*To the Editors of the NEW YORK MEDICAL TIMES:*

The following paragraph appeared in a recent number of the *Medical Era*, and I have also met with it in another journal—in both instances without anything to denote its origin: "Almost every typewriter sooner or later has trouble with her eyes. The typewriting machine is supposed to save the eyes, but the effect is quite the contrary. The eyes are all the time in motion while writing, and the rapid jerking of the eye from one point to another on the little keyboard soon tires the muscles and makes the eyes and sometimes the whole head ache. Then a great many girls have the habit of turning up the carriage to see what has been written, and leaning back in the chair while reading it. This, too, is bad, for the reason that it requires a rapid adjustment of the eye to the different distances, and so tires the whole organ. The only way to save the eyes when using a typewriting machine is to acquire such facility that it is not necessary to look at the keyboard, and the eyes will be saved the thousands of little jerks to and fro which do so much harm."

Now, I have been using a "Remington No. 1" for about ten years, and during the latter half of this period with the left hand alone, the right hand being disabled. I was first led to try the machine by reading a very emphatic testimonial in its favor by the eminent English ophthalmologist, R. Brudenell Carter, who stated that he had found it of the greatest assistance to himself, and especially recommended it in cases where the sight was weak or imperfect in any way. This should be almost enough to settle the question, even if the above quoted objection founded on *eye-jerking* were not so palpably nonsensical. But I would invite the contribution of further evidence on this point, both from specialists and professional typewriters. I do not believe that "almost every typewriter has trouble with her eyes"—or *his*, either. Are not most people, while awake, constantly adjusting the organ to different distances, with as much rapidity as when looking at "the little keyboard?" The statement in question seems to be about as rational and truthful as another one, published some time ago in the *Times and Register*, to the effect that a new disease of the finger-ends had been developed as a consequence of excessive typewriting! From my own experience, I am firmly convinced that physicians, instead of finding fault with these admirable contrivances, ought to be the strongest advocates of their more extended employment. Besides being a certain preventive of writers' cramp, and economizers of time and labor to a very important extent, they are among the easiest of machines to learn the use of and keep in order. Their sales should be increased a thousand-fold.

GEO. L. FREEMAN.

#### RATIONAL THERAPEUTICS FROM A "REGULAR" STANDPOINT.

The trend of thought upon the subject of therapeutics among the more conservative members of the Old School, is so clearly indicated in a paper contributed to the *Medical Record*, May 16, 1891, by Dr. S. Henry Dessau, that an outline of his argument will not, we think, be found uninteresting. The author begins by emphasizing the necessity which exists at the present time for a more correct system of therapeutics. Such a system, he says, *must* be founded upon a correct understanding of the relationship between the physiological action of drugs and the manner in which the causation of disease affects the healthy state. Here has been the wider field of investigation in recent years, and such immense progress has been made in this direction that many ideas held concerning therapeutics as taught by former leaders of medical thought have now been almost, if not entirely, abandoned. Yet, when we look about us and take a mental survey of the medical situation, we find that little progress has been made toward a *more certain* means of cure. The principal endeavor has been to discover the causation of disease, and if possible, a means to remove it. In this direction the discovery of microbes as the specific agents of contagious disease has led up to very important results. But further researches in this field will probably show that our main dependence for the successful treatment of disease will be required to be based upon the *physiological action of remedies, and a correct application of such action to the diseased condition*.

There are evidently many instances of diseased action in which our attempts at therapeutics can not be directed against the removal of this cause which has fled, but more properly to a restoration of the normal function. In view of what has been learned respecting the action of ptomaines, it is not at all improbable that germ diseases may depend for their successful treatment upon remedies administered upon the principle of their physiological as well as their antiseptic action.

In the investigation of this physiological action of drugs, perhaps the most important fact which has been disclosed

is that of their *double action*. A phenomenon known in an indistinct sort of way from the earliest times, but which has only quite recently been studied in a rational manner. Ringer, Brunton, Phillips, Rubagliati, Ross and Sharp in England, Schultz and Peiper in Germany, and Bartholow, Smith, Reed, May, Mayer, and numerous others in this country are some of the workers in this direction. The testimony from all sources goes to show that, in all carefully conducted and recorded experiments, *the primary effect of a drug, as manifested in physiological disturbances, is the direct contrary of the secondary or more fully developed of the drug*.

I have long thought that a more rational therapeutics could be founded upon the utilization of the primary physiological action of drugs when given in their minimum quantity to produce this effect, eliminating from consideration, of course, all chemical antidotal actions that drugs possess. To my mind it presents many advantages, chief of which is the simple and rational principle of applying the uncomplicated action of a drug to a diseased action, which is of a like uncomplicated nature, as a means of cure. That is to say, we obtain the action of the remedy without its consequent reaction, which in this instance would be the equivalent to the restoration of normal physiological action.

The secondary advantage of giving a remedy with little or no disagreeable taste, either in the form of a small sugar-of-milk tablet or an aqueous solution, is not to be slightingly regarded, not only in our practice among children, but also with adults of a delicate and fastidious taste.

I have endeavored to show that a certain class of drugs affecting the nerves and another the specific organs and tissues, have an undoubted double action, the primary or initial action being the direct contrary of the secondary or complete physiological action; and that the primary action, being, so to say, devoid of reaction when obtained from an exhibition of the minimum dose, can be scientifically applied for its direct action against those disturbances of the economy corresponding in their effects to the secondary or full physiological action of the drug employed.

The question of dosage necessarily becomes one of the highest importance, and it behoves us to turn our attention with all due judgment and deliberation to a reformation of this subject.

In these paragraphs we behold a representative of medical orthodoxy proclaiming his belief in a rule of drug action which is only the principle of *similia* differently stated, and also calling for a reformation in the direction of small doses! Let Dr. Dessau take one step further, and learn to individualize his remedies, and the last shade of difference between his practice and that of the average homoeopath will have disappeared. When his colleagues shall have followed him, what then will stand in the way of medical union?

GEO. L. FREEMAN.

#### TRANSLATIONS, GLEANINGS, ETC.

##### RETROSPECTIVE DIETETICS.

**Salt (Provincial Medical Journal).**—I am sure we all take too much of this condiment, and then are driven to drink abnormally in order to wash it out of the system. Vegetarians need salt in order to give savor to their colorless diet, mixed eaters much less, pure flesh eaters—like the South American Guachos, and, when they can get enough of it, the Australian Aborigines—none at all, for all the salt we should decompose in order to digest that flesh exists in it already. And it was one of the most touching, the most pathetic sorrows of the then recently discovered New Zealander, in those vanished days when we believed that the noble savage was all our fancy and Fenimore Cooper

painted him, that the missionaries we sent out were too salt, really too savory, for their unsophisticated taste. Indeed, one of those guileless children of nature assured a cousin of mine, with the frankest sincerity, and with many apologies, that he would rather not eat him; in fact, should not think of such a thing until every other pig in the village had been sacrificed.

And this explains much of the endurance of fatigue, or rather its retarded induction, exhibited by the savages; an Australian "boy" will eat a fair-sized leg of mutton, and run like the prophet of old with his loins rather scantily girded up, hour after hour, with untired speed. A white man trained into as good condition breaks down, not from exhaustion, but thirst, in an hour's time. He has only to lose a few ounces of the water of his blood by perspiration, to render it so salt that its function as an oxygenator, from the contracted red cells, can no longer be carried on; he pants for breath, not because his lungs are overtaxed; he sinks dead-beat, not because his muscles are overworned, but because his blood has become unfit for its most important duty, and the muscles, for want of oxygen, are narcotized into helplessness. A man in training should eschew salt as carefully as he avoids alcohol.

**Suggestions of a Method of Changing Bodily Form by the Administration of Certain Foods.**—That the nature and quantity of food taken by an animal modifies its economy in many directions is well known. That it is capable of inducing changes hitherto possible only by cross breeding is probably new to most. Prof. E. Fisher (*British Medical Journal*), the chemist who has devised the synthetic production of grape sugar, fruit sugar, and a whole series of new sugars, touches upon some of the problems of mutual interest to the chemist and physiologist. He says:

"Next to the albumens the hydro-carbons form the chief food of the animal kingdom. Many valuable observations have been made concerning the processes they undergo in the animal body. What would be the result if artificial sugars were substituted for the natural hydro-carbons? Mannose, so closely related to grape sugar, and so easily fermented by yeast, might very probably form a good food stuff, even for the more highly organized animal body; and yet the slight change in substance might cause corresponding changes in the vital processes. If mannose be taken as food will the liver produce a new glycogen, and the mammalian gland a substitute for milk sugar; and will this sugar be oxydized in the body of the diabetic? The changes in the animal organism could not but be still more decided, if one could succeed in feeding the animal body with a pentose or a heptose or the more easily fermentable nonose. One would then probably find that blood and tissues would modify their functions, that the pig and goose would produce a changed fat, the bee a changed wax. Indeed the experiment might be carried still farther. The assimilating plant prepares from sugar not only the more complicated hydro-carbons and the fats, but also, with the help of inorganic nitrogenous compounds, the albuminoids. Certain classes of bacilli have the same power. Now if it were possible to feed the assimilating plant of these bacilli with a differently constituted sugar, they might possibly be forced to form a changed albumen! May we not then expect that changed building material will lead to changed architecture? We should thus gain a chemical influence on the formation of the organism which would necessarily lead to the most extraordinary phenomena, to changes in form far exceeding all that has been reached by cross breeding, etc. Since the fundamental experiments of Wohler and Frerichs, physiological chemists have incorporated hundreds of organic substances with the animal body, seeking the products in the urine; but they almost exclusively have used substances having no likeness to natural food stuffs. The use of the new series of sugars offers a wide field of action to the physiologists, and may be attended with results far more extraordinary. Biology

here stands before a problem which could not have been until chemistry had prepared material for the experiment."

**Fresh Almonds as a Nutrient.**—Dr. Allan McLean Hamilton writes as follows in the *Dietetic Gazette*: Acting upon a hint given me by my friend, Dr. Lauder Brunton, I have directed some of my patients to eat freely of fresh almonds, which are rich in oil and exceedingly nutritious, containing, as they do, 54 per cent. of fixed oil. According to Pavy, they contain 2.67% of nitrogen and 40 per cent. of carbon. It is a custom of Dr. Brunton and several other London physicians, when hurried and tired after their morning consulting hours, to make a luncheon simply of this kind. In cases of diabetes, when digestion is not too weak it will be found that biscuits of almond-flour are exceedingly nutritious and palatable, and may take the place of gluten-bread.

**Warum Ich Nicht Mehr Vegetarisch Lebe.**—Such is the title of an article containing the renunciation of Dr. Alanus, sent to the *Rhenish Courier*. He says:

"Having lived for a long time as a vegetarian without feeling any better or worse than formerly with mixed food, I made one day the disagreeable discovery that my arteries began to show signs of atheromatous degeneration. Particularly in the temporal and radial arteries this morbid process was unmistakable. Being still under forty, I could not interpret this symptom as a manifestation of old age, and being, furthermore, not addicted to drink, I was utterly unable to explain the matter. I turned it over and over in my mind without finding a solution of the enigma. I, however, found the explanation quite accidentally in a work of that excellent physician, Dr. E. Monin, of Paris. The following is the verbal translation of the passage in question: In order to continue the criticism of vegetarianism we must not ignore the work of the late lamented Gubler on the influence of a vegetable diet on the chalky degeneration of the arteries. Vegetable food, richer in mineral salts than that of animal origin, introduces more mineral salts into the blood. Raymond has observed numerous cases of atheroma in a monastery of vegetarian friars, amongst others that of the prior, a man scarcely thirty-two years old, whose arteries were already considerably indurated. The naval surgeon, Treille, has seen numerous cases of atheromatous degeneration in Bombay and Calcutta, where many people live exclusively on rice. A vegetable diet, therefore, ruins the blood-vessels and makes prematurely old, if it is true that man is as old as his arteries. It must produce at the same time tartar, the senile arch of the cornea, and phosphaturia. Having unfortunately seen these newest results of medical investigation confirmed by my own case, I have, as a matter of course, returned to a mixed diet. I can no longer consider purely vegetable food as the normal diet of man, but only as a curative method, which is of the greatest service in various morbid states. Some patients may follow this diet for weeks and months, but it is not adapted for everybody's continued use. It is the same as with the starvation cure, which cures some patients, but is not fit to be used continually by the healthy. I have become richer by one experience, which has shown me that a single brutal fact can knock down the most beautiful theoretical structure."

**Danger in Well Water.**—In the "Proceedings of the Florida Medical Association" Dr. Porter says "Artesian well water and rain-water, properly filtered, are the only safe drinking waters; and the drinking of ordinary well water, which is so general in this State, is a practice that can not be too strongly condemned. The wells, for the most part, are shallow excavations, or are driven into the ground only a short distance and collect by seepage and too frequently the drainage from the dwellings and barnyards. The fact that water from these wells is free from color and odor argues nothing in favor of its healthfulness or harmlessness for human consumption, as very often such water upon analysis shows a large percentage of organic im-

purities and albuminoid ammonia in such quantity as to imperil the health of those using it. It is a difficult matter to persuade the people that in drinking well water they are, in a large majority of instances, poisoning their systems and inviting a long and tedious illness from typhoid fever which may result in years of shattered health and perhaps death. You will oftentimes be met with the argument that this or that particular well has been used by the family for a long period of years with no apparent detriment to them, and no better water could be found in the neighborhood. To the query as to the prevalence of fever or intestinal disorders, the answer will be: 'Oh! yes; we have fevers such as are usual about here, but we always have had them at certain seasons of the year.' Now, it is the experience of many writers on this subject, that it is at certain seasons of the year—either at the dry season when the water is very low, or during the wet weather when the wells are filled to the curb—that the 'continued fevers,' as they are now called, generally prevail. If the people in the small towns and rural districts of the State will drink well water, they should be advised to boil it thoroughly, aerate and filter it before using." This advice is, of course applicable everywhere.

**Fish Poison.**—The *Vierteljahrsschrift für Gerichtliche Medicin*, calls attention to a very important matter in connection with the use of fish as a food. It appears that an investigation of the result of eating fish preserved on ice for use in the London markets, has led to the discovery that those were most dangerous which were kept in immediate contact with the ice. Poisoning by fish which had not been in contact with ice was not observed at all. This is attributed to the influence of the water derived from the ice, and bearing whatever impurities it has had before being frozen, which promotes the formation of the animal alkaloids known as fish poison.

**A New Use for Gutta-Percha in Surgery.**—Dr. B. W. Richardson (*Asclepiad*) has found that gutta-percha, by being softened almost to fluidity in hot water, to which a little glycerin has been added, can be made to take up not only tannin and perchloride of iron, but benzoin, carbolic acid, mercurial salts, and many other styptic and antiseptic substances. After it is saturated with the substance added to it, it is allowed to cool until it becomes simply a soft mass, that can be moulded into plates, dies, or pellets, which soon become hard and remain efficacious for an indefinite time. When required they are softened by immersion in hot water, and can then be moulded, according to the case, into plugs, splints or coverings of dressings. The mass can also be drawn out, under warmth, into a fine tissue, and used like adhesive plaster, as round a cut finger; where, left to harden, it becomes both plaster and splint. The doctor has tried to saturate the gutta-percha with styptics and antiseptics by dissolving it first in volatile chemical solutions, and then admixing and vaporizing; but he prefers heating it simply in water, or in water with glycerin.

**Hay Fever Remedies.**—Whatever may be the theory of the causation of hay fever the question to physician and patient is how shall the symptoms be relieved? Mere mention of the remedies that have been tried would almost make a treatise on *materia medica*.

Among these we wish to call attention to a few which have proven their efficacy. These may be conveniently described under two heads, viz.: remedies for local use and for internal administration.

Local medication may include Cocaine in four per cent. solution, in tablet form or in nasal bougies. A formula suggested for bougies is the following: Hydrochlorate of Cocaine, one grain; Atropine, 1-200 grain; Cocoa butter, q. s. The bougie may be held in position by a pledge of absorbent cotton soaked in cocaine solution.

Menthol may also be used in ten to twenty per cent. solution in olive or almond oil and applied to the nasal membrane with a brush, or in spray or simply insufflated.

Fluid Extract Witch Hazel, distilled, and Fluid Hydrastis for local application are often of value in the catarrhal symptoms.

For internal administration to abort the paroxysms Grindelia Robusta, Euphorbia Pilulifera and Quebracho may be resorted to. These remedies have shown their specific antispasmodic action in asthma, and accepting the neurotic origin of hay fever, must be conceded to be of service in restoring normal respiratory action in the distressing paroxysms of hay fever.

Parke, Davis & Co. supply all of these agents in eligible form, and will afford all desired information concerning them.

**Antiseptic Collyria.**—Dr. Franke (*Wein. Med. Blatt.*) states that none of the antiseptics with which we are best acquainted, if used in concentration, will sterilize an eyewash. Sublimate, however, added to atropine or cocaine solutions in the proportion of one to 10,000 (two drops of a one per cent. solution of sublimate to ten grams of the collyrium), will suffice to keep them aseptic, i. e., free from germs, for a whole year. Since finding this out, now two and a half years ago, he has never been troubled with the occurrence of conjunctival irritation, etc.

**Erythroxylon Coca.**—In the *Hom. Recorder*, March 1 and 15, 1891, Dr. R. K. Ghosh, of Calcutta, gives the details of several cases, from which he has been led to the following conclusions: (1.) That palpitation of the heart, with difficulty of breathing while ascending any height, from nervous causes, especially from self-abuse, is very much amenable to coca, although we find in the so-called pathogenesis of the drug "great lightness while climbing up a mountain without any respiratory trouble." (2.) That complaints from self-abuse and sexual excesses are very much benefited by coca. (3.) That it diminishes the abnormal quantity of urine containing sugar, though, like other medicines, it does not cure, but keeps the disease *at bay*. (4.) That it is very useful in cases of wetting the bed of children from nervous causes. (5.) That it is a very useful medicine for *nymphomania* after child-birth, during the menses, and from the irritation of eczema or other affections of the female pudenda, and for *satyriasis* of men from self-abuse or sexual excesses. (6.) That coca acts better in material doses, that is, in the mother tincture, than in the potenized ones. I think coca may help us in the treatment of the incipient stage of phthisis also.

**Treatment of Jaundice.**—Dr. L. E. Samuels says: I have tried many things for the relief of functional jaundice; many drugs lauded by "authorities" have in my hands proved of no value; others have seemed to arrest the progress of the trouble, and to aid, in slow return to health. The most efficient combination I ever found is as follows:

B. Sodii phosphatis.....	5 ij.
Aqua pur.....	f 3 j.
M. et ft. solut. et adde :	
Tinct. nucis vomice.....	f 3 ij.
Tinct. gentian. ad.....	f 3 iv.
M. Sig.—Teaspoonful three times a day.	

This will often give relief where every other thing has failed to do so. If it prove too laxative a smaller dose may be administered, but under ordinary circumstances the dose here given will be all right. The same formula may be given with advantage in biliousness, trouble with the duodenum, or even in certain forms of dyspepsia.—*St. Louis Clinique*.

## RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

**Nicotine in Singultus.**—Dr. Higginbotham has established the fact that very obstinate cases of singultus may be successfully treated by the internal administration of nicotine. The medicament is, for this purpose, best exhibited in pills containing 0.0015 grammes (1-40 grain) of nicotine each. It should be born in mind, in prescribing, that the maximum daily dose of nicotine is 0.008 grammes (1-20 grain).

**Glycerite of Borax in Diarrhoea of Infants.**—E. Mansel Sympon has found glycerite of borax to answer capitally (says the *Lancet*) in diarrhoea of infants. The children like it, it lessens griping, renders sweet the offensive motions, and stops the diarrhoea. Its use may be supported by the following theoretical arguments: In diarrhoea infantum, the character of the motions suggests excessive fermentation of the contents of the alimentary canal. Glycerine and borax both possess well known antiseptic and soothing properties. The ordinary dose for a child is about twenty minims given every one, two, or three hours, according to the severity of the symptoms. The medicine should be diluted with a teaspoonful of distilled water, and flavored to suit. Glycerite of borax is composed of one ounce of borax in five fluid ounces of glycerine.

**Hepatic Abscess.**—In his *Mémento Thérapeutique*, Jousset gives the following indications for the four principal remedies in abscess of the liver:

**Lachesis.**—This form of abscess is one of the lesions caused by the serpent-bite. It is strongly indicated for the icterus, pain in the hepatic region, the remitting fever and the prostration.

**Mercurius** is indicated by burning, lancinating and constrictive pains in the region of the liver, by hypertrophy and induration of that organ; by jaundice and fever with copious perspiration. It may be alternated with lachesis.

**Arsenicum** is suited to an advanced period with prostration, a remittent type of fever and the serious conditions proper to internal suppuration.

**Silicea**, which is always indicated in suppuration, is especially called for when there is swelling and induration of the liver and a throbbing pain that is increased by the touch and by the motion.

**Ipecacuanha in the Treatment of Dysentery.**—Dr. V. Schroeders, of Valparaiso, read a paper on this subject in which he held that the treatment of dysentery with large doses of ipecac was as certain in its effects as the treatment of malaria with quinine. The most severe cases of dysentery can with certainty be cured by this means, and even the various complications can also be cut short. The patient should be kept during the day on a rather restricted fluid diet, and in the evening should receive from one-half to one grain of opium.

When he has begun to come under the influence of this drug, as shown by drowsiness, the ipecac should be given in capsules in the dose of thirty to sixty grains, very little water being allowed with it. The good effects of the remedy are seen immediately, and the following day the patient is found to be nearly well. If vomiting should have occurred, the same process ought to be repeated on the following evening.

If there is still some mucus in the stools, an injection may be given of from sixty to ninety grains of ipecac in a pint of water.

This mode of treatment is the ordinary one in use in South America, and has superseded all other remedies.

The speaker related the case of a lady who had suffered from dysentery during a voyage from Valparaiso to Hamburg and return, and who was cured definitely by a single dose of ipecacuanha.

**Onions for Sleeplessness.**—The *Homeopathic World* says:

Onions will cure sleeplessness. We know of a man who occasionally suffers from it, and half a raw onion at bed-times invariably induces sleep. If he eats a whole one the effect is too powerful, as it prevents him rising early, which his occupation requires him to do. *Cepa* has many symptoms of sopor in its pathogenesis, so the action must be physiological.

**Apioleine in Dysmenorrhea.**—Apioleine is the true active principle of the plant *apium petroselinum* (common parsley). Physiological experiments made in the laboratories of the Paris faculty of medicine indicate that it has a special action on the circulatory system of the genitalia: producing vascular congestion, and, at the same time, stimulating the contractility of the smooth muscular fibres of the genital organs and especially of the uterus. From the clinical evidence already collected on this new drug, there can be no doubt that, except in those mechanical cases of dysmenorrhea, where dilation of the cervical canal is necessary, relief may be promptly obtained in neuralgia and congestive dysmenorrhea, where chief reliance should be placed on equalizing the circulation and producing a flow where this is wanting; besides controlling the unnecessary and fatiguing continuation of the menses beyond their normal duration. In the great majority of cases were, for some cause or other, menstruation is irregular or entirely suppressed, it is decidedly the most reliable and most agreeable emmenagogue.

**Antipyrin in the Treatment of Pulmonary Consumption** (Thomas J. Mays, M. D., *Journal American Medical Association*, December 6, 1890).—Antipyrin is probably one of the most useful drugs in our *materia medica*. I do not refer so much to its antipyretic action as I do to its influence as a general tonic in the adynamic stage of pulmonary consumption. It is indeed valuable in every stage of this disease, but it seems to give better results in the final stage than in any other. Of course it must not be regarded as a panacea, but whenever its beneficial action becomes manifest it gives rise to wonderful results. My attention was first called to its usefulness in this disease by a paper from the pen of Dr. J. Holland, of St. Moritz, Switzerland, which was published in the *London Practitioner* (Vol. XXXIV, p. 121). \* \* \* In the *Medical and Surgical Reporter* for August 11, 1888, I detailed several cases which were treated with antipyrin, and in some of which I think the results were probably as striking as in Dr. Holland's case; and regarding this drug as an indispensable adjuvant in the treatment of phthisis, I have since then found abundant evidence to confirm the favorable impression which I gathered from my earlier experience with it. \* \* \*

While it is true that antipyrin is given for the purpose of subduing the fever of phthisis, we must not lose sight of the fact that it has a capital influence on this disease after the fever has subsided. Phthisis is undoubtedly a constitutional and not a local disease, depending ultimately on a depreciated nervous system, and it is in virtue on its selective affinity for the nervous system, that antipyrin acts as an antipyretic and, associated with other well directed treatment, it yields the beneficial therapeutic influence in this as well as in all other nervous diseases. It should therefore be continued in smaller doses after the fever has gone. In conclusion it must be added, that if it is given for a protracted period it produces a rash of the skin, which can, however, be obviated by alternating it with phenacetin.

**Washing Out the Bladder Without the Use of a Catheter.**—For washing out the male urinary bladder without the use of a catheter, thus avoiding the introduction of infectious germs, Dr. Rotter (*Centralbl. F. D. Gesammte Ther.*, July, 1890,) employs a rubber tube attached to an irrigator filled with lukewarm antiseptic fluid, on the end of which is a mouth-piece, wrapped with antiseptic gauze and covered with vaseline, to facilitate its insertion into

the urethral orifice. The tube is filled with liquid and air allowed to escape, and then inserted for about half an inch within the urethra. Immediately before the operation the patient must empty the bladder, and is then placed upon his back, with the legs separated and flexed upon the pelvis, the hips being raised; the end of the tube is inserted into the urethra, and held fast with the fingers, and the fluid allowed to enter. Within one or two minutes it is stated, the sphincter of the bladder relaxes, and after three minutes, the liquid enters the bladder.

The pressure may be regulated by the height to which the irrigator reservoir is elevated. After the removal of the tube the patient may readily empty his bladder of the fluid introduced, which may amount to a pint or more.

**Alcohol and Plumbism.**—At a recent meeting of the Academy of Sciences, M. Charcot read a note on some experiments in plumbism carried out by MM. Combemale and Francois. They caused from one to five centigrammes, one-sixth to three-fourths grains of carbonate of lead to be consumed daily by animals. At the end of about a month the nervous symptoms of saturnine poisoning made their appearance—such as epileptic fits, delirium, etc.—just as they are observed in man. This was, of course, not new; but the interesting point was that in certain of the animals experimented upon, the administration of large doses of alcohol was found to hasten in a remarkable manner the advent of the nervous symptoms. The same thing was noticed when others of the animals were subjected to any abrupt emotional shock, such as fear. These facts were worthy of notice, for in man a similar precocity of the nervous phenomena of plumbism was observed whenever those already suffering from lead-poisoning were subjected to a moral shock, or became addicted to alcohol.

**An Early Sign of Uterine Cancer.**—In a paper published by Dr. Charles Audry, in the *Lyon Médicale* for November 23, 1890, it is claimed that in doubtful cases of uterine inflammation, especially when confined to the neck or cervical cavity of the uterus, and in which a diagnosis can ordinarily be made only as the result of microscopical examination of excised fragments, in every case in which fragments of tissue may be scratched off from the cervical cavity by the finger-nail the epitheliomatous nature of the disease may be positively affirmed. In chronic metritis the tissues of the touch appear sometimes hard and sometimes soft, but in no case is it possible to scratch off fragments of the mucous coat by means of the finger-nail, with the single exception of cancer. Further, the author claims that there is no form of epithelioma in this cavity from which fragments may not be so removed. This process is evidently simple, and, if confirmed by others, will be of great value in clinical practice.

**Pathology of Grief.**—That severe mental distress or fright sometimes produces physical disease, and occasionally even death, is an admitted fact, although the way in which it acts has hitherto been but little studied. In order in some measure to supply the deficiency in our knowledge regarding this matter, Dr. G. Bassi has recently made a number of observations on animals which apparently died in consequence of capture. Birds, moles, and a dog which had succumbed to conditions believed by Dr. Bassi to resemble those known amongst human beings as acute nostalgia and a "broken heart" were examined post-mortem. Generally there was hyperæmia, sometimes associated with capillary hemorrhages of the abdominal organs, more especially of the liver, also fatty and granular degeneration of their elements, and sometimes bile was found in the stomach with or without a catarrhal condition. The clinical symptoms were at first those of excitement, es-

pecially in the birds, these being followed by depression and persistent anorexia. The theory suggested by Dr. Bassi is that the nervous disturbance interferes with the due nutrition of the tissues in such a way as to give rise to the formation of toxic substances—probably ptomaines—which then set up acute degeneration of the parenchymatous elements similar to that which occurs in consequence of the action of certain poisonous substance such as phosphorus, or to that met with in some infectious diseases. In support of this view, he points out that Schule has found parenchymatous degeneration in persons dead from acute delirium, and that Zenker found hemorrhages in the pancreas in persons who had died suddenly; he refers also to some well-known facts concerning negroes in a state of slavery and to the occasional occurrence of jaundice after fright.—*The Lancet*.

**A New Obstetric Appliance.**—A new instrument, intended to facilitate delivery, has been invented by Dr. Peter McCahey, of Philadelphia, who calls it the *atmospheric tractor*. Its construction and use are based on the theory advanced by Dr. McCahey, that the annoying retrocession of the head which causes so much delay in labor is due to the effect of atmospheric resistance, to speedily overcome which, artificial means are in most cases necessary. Acting upon this theory the doctor has invented a little appliance in the shape of a cup of soft rubber, or rather shaped more like a bell than a cup. This instrument is applied to the child's scalp, against which it is firmly held by an atmospheric pressure. It does not act like a cupping glass, but is in close contact with all the surface which it covers. This surface amounts to about five square inches, and theoretically the instrument would bear traction to the amount of seventy-five pounds. This would, of course, not be true in practice, but if it bear one-fourth or one-third that amount, its effects can at once be understood. An assistance of ten or fifteen pounds drawing against the head of a child in the right direction would very materially facilitate labor. The instrument promises to be of use; it is of a character not to produce injury, and if it will shorten labor and in that measure diminish the agony of childbirth, the investigator has bestowed a boon upon the race.

**Examination Laws for Medical Students.**—(Laws of 1889, ch. 468, as amended by Laws of 1890, ch. 499.) To provide for the preliminary education of medical students:

**SECTION 1.** Before the regents of the University of the State of New York or the trustees of any medical school or college within this State shall confer the degree of doctor of medicine on any person, they shall require him to file with the secretary or recording officer of their University or college a certificate signed by the secretary of the University of the State of New York showing either that he possesses the degree of bachelor or master of arts, of bachelor or master of science, or of bachelor or doctor of philosophy received by him from a college or University duly authorized to confer the same, or that during or prior to the first year of his medical study within this State, he passed an examination conducted under the authority of the regents of the University of the State of New York or by the faculty of a medical school or college entitled to confer the degree of doctor of medicine, in accordance with the standard and rules of the said regents in arithmetic, grammar, geography, orthography, American history, English composition, and the elements of natural philosophy; or in their substantial equivalents approved by the said regents, or that he possessed qualifications which the regents considered and accepted as fully equivalent to the above-named qualification.

**SECTION 2.** This act shall not apply to any student who duly matriculated in some legally incorporated medical

college of the State of New York before the 5th day of June, 1890, provided that such student shall file with the secretary of the board of regents of the University of the State of New York a certificate setting forth the fact of such matriculation, verified by the applicant and signed by the secretary of the faculty of the college at which he matriculated.

This act will exempt only such students as file the required certificate in the Regents' office, on or before August 4, 1891.

*Equivalents allowed.*—1. A certificate of having successfully completed a full year's course of study in any college or university under the supervision of the regents of the University, or registered by the regents as maintaining a satisfactory standard.

2. A certificate of having satisfactorily completed a three years' course in any institution subject to the visitation of the regents, or registered by the regents as maintaining a satisfactory academic standard.

3. A regents' diploma.

4. Regents' pass-cards for eight studies, two of which have been taken from each of the four preceding groups.

5. A regents' certificate for any ten studies. (Ordinance of the regents adopted June 18, 1890.)

*Communications.*—All communications must be addressed to Examinations Department, University of the State of New York, Albany, N. Y.

**Fairchild's Pepsin and Extractum Pancreatis for Surgical Purposes.**—The use of the digestive ferments for the removal, by solution, of bad tissues, muco-pus and lymph coagula from abscesses, wounds, ulcers, etc., and of blood clots from cavities has been made the subject of systematic investigation and practical trial, under the suggestion and direction of Dr. Robert T. Morris.

The grounds upon which the digestive ferments are applied in surgery are admirably stated by Dr. Morris as follows:

"It is not easy to see at a glance the whole field for digestive ferments in surgery but we know that they are bland and harmless in any proportion and that they will liquify dead tissues close down to the living ones and that their action will then end abruptly."

From Dr. Morris' paper (*New York Medical Journal*) the following facts are to be summarised. First, That preliminary proof of the available properties of the digestive ferments were established by experimental test upon tough, freshly dried blood coagula. Second, That pepsin in the main, displayed the greatest activity and adaptability. Third, That both pepsin and extractum pancreatis were practically applied in surgical cases with absolute success.

**The Reproduction of Bacteria.**—It has been very reliably determined that bacteria, when placed in the best conditions for their activity, will double their number every hour. In the most favorable circumstances it will then be seen that a single bacterium will, in twenty-four hours, produce 16,777,220 of its kind. In forty-eight hours, from this single source, the number of bacteria would amount to 281,500,000,000, a quantity sufficient to fill a pint measure, all produced in this short time from a single micro-organism measuring but  $\frac{1}{1500}$  of an inch. Fortunately, these conditions do not often exist. The reproduction of bacteria is opposed by many kinds of forces, and they have a continual battle for existence. In regard to the disease-producing or pathogenic germs, it is important to understand what forces or agencies will retard their multiplication or wholly destroy them. In emergencies chemistry is resorted to and antisepsics employed, but in the proper prevention of disease such emergencies should not be allowed to arise. Sunlight, pure air and thorough cleanliness

are natural enemies to disease germs. They can not flourish where they have not their proper food, and that is found in dampness, darkness, mould and filth. Keep the habitation flooded with sunshine and pure air, keep away all filth and dampness and the germs of disease will find no foothold, no nidus in which to breed or food on which to grow. Nature is struggling all the time to keep her domain healthful, and a fit habitation for man, but man shuts out the air and light, contaminates all things about him, and disease is the reward of his recklessness and neglect. There is more health in a sunbeam than in drugs, and more life in pure air than in the physician's skill. The sunlight may fade your parlor carpet, but better that than have disease fade your cheek. The wind may "tan" and "freckle" the face, but it is better tanned and freckled than thin and sallow. Help Nature to keep your habitation healthful by allowing her forces an opportunity to operate. There is more health about you than disease. Health is man's natural condition. He has to violate some law before the penalty of disease is inflicted. He can place about him such conditions that disease-germs will invade his system, or he can live amid surroundings so pure that health will bless him both in his freedom from physical ills and in the sweet consciousness of right living.—*Sanitary News.*

**Sir William Gull's "Suggestive Hypnotism."**—Perhaps the most masterful diagnostician of the past generation, and a thorough master of the natural history of disease (says Dr. M. H. Lackersteen, in *Jour. Am. Med. Asso.*) was Sir William Withey Gull. He was a marvel among Londoners as a successful physician, and yet not a physician of my acquaintance was less able to write a respectable prescription, or could get along better with fewer remedies in his practical working pharmacopeia. His immense practice necessitated the appointment of two lieutenants who took charge of the more important personages among his wealthy patrons, after a careful diagnosis and prognosis had been made. The treatment under which the remarkable recoveries took place were mint water, syrup of ginger and such like remedies with *strict attention to diet and hygienic management*. The assurance of the big man that the disease would terminate in such a manner and within such time under the proper and judicious treatment of my friend Dr. A. or Dr. B. (his lieutenants) created a mental impression of perfect security. From that moment everything went well, and in due course of time the patient was convalescent. Implicit trust in the physician is the basis of the physic treatment, and works half the cures in most functional diseases.

**Abuses in City Hospitals.**—*The New York Truth* has the following upon a subject that is exciting much discussion just at present:

"A few days since a woman who was in a raging fever, not necessarily dangerous, was bundled out of the German Hospital, carried three miles over rough pavements in an ambulance, and placed in Bellevue Hospital, where she died. The best medical testimony concurs in the belief that if she had been held under treatment at the German Hospital she would not have died. A few weeks ago the New York Hospital refused to answer an ambulance call because they were in some sort of a wrangle with the Subway Committee. A man's life was imperiled, if not sacrificed, in consequence. After the commotion aroused over that matter had blown over, a fireman, who had been frightfully burned about the hands and face in the discharge of his duty, was obliged to sit in agony in a doorway for an hour and a half, waiting for an ambulance to take him to Bellevue Hospital. He was able to walk to the Chambers Street Hospital, three blocks away, and begged pitifully for the privilege of doing so, in order that he might receive

some relief from the awful torture of his wounds. But the doctors had made some sort of rule at the Chambers Street Hospital that prevented the reception of this patient, and the fireman was obliged to wait what seemed to him an eternity, and what, in fact, was a brutally long period, until an ambulance could be brought all the way down from the Bellevue Hospital.

The ambulance service, which was originally a humane and efficient one, has become so crippled by the petty jealousies of different hospital officials, and by the ignorance of many of the younger doctors, that its abuses deserve a thorough investigation. It is impossible, however, to deal in a drastic way with the offenders, on account of the many restrictions which the word charity justifies. The city does not pay for the ambulances, and in many instances the city is not particularly generous to the hospitals. The conflict of the authorities gives the hospital managers the opportunity to indulge in any scheme of petty revenge which may occur to them, and the public, as is usually the case, is the sole sufferer."

The jury brought in the verdict that the treatment of Mrs. Freeman at the German Hospital was proper. They added: "We are, however, unanimous in the opinion that the practice of transferring patients suffering from inflammatory diseases from one hospital to another can not but be injurious to the patient, and in this instance the transfer contributed to the death of the patient under consideration. We also recommend that in all cases where the patient is transferred from one hospital to another a report of such patient's condition and treatment in the first hospital accompany the patient."

**Goat Vaccine.**—M. Aervieux, in a lengthy paper on goat vaccine, read before the Académie de Médecine, comes to the following conclusions: A goat inoculated with cow or human lymph furnishes lymph exactly similar to that of the cow; vaccination direct from the goat succeeds as well as from the cow, if the lymph is used quite fresh. Vaccination with goat lymph, after it has been used to vaccinate a human subject, gives the same results as cow lymph. In consequence of the discussion at the Académie de Médecine concerning goat lymph, MM. Bertin and Picq asked that their *pittoche*, deposited at the Académie last January, should be opened. Its contents may be summed up as follows: Tuberculosis may be transmitted to the human subject by cow lymph; goats, which are refractory to tuberculosis, should be substituted for cows; the latter may be tuberculous, and yet be apparently in perfect health. MM. Bertin and Picq are continuing their experiments on the cow and the goat, to ascertain if tuberculosis can be transmitted either by virus or vaccine.

**The "Silver Lines" of Pregnancy.**—F. W. Langdon, *Lancet-Clinic*, August 9, 1890. The abdominal blemishes known variously as "the silver lines" of pregnancy, the cicatrices of gravidity, linea albicans, etc., have received little attention at the hands of our medical writers, so that references to the subject are comparatively rare, even in our voluminous literature of gynecology and obstetrics. Why this should be the case is not easy to determine, considering the fact that many conditions of much less practical import are fully and frequently discussed; for while these lesions in themselves are, and should be, exceedingly distasteful to ladies from an esthetic point of view, they are even more objectionable in their pathological and mechanical results—namely, by directly weakening the abdominal walls they carry in their train all the dangers from such sequelæ as constipation, pendulous belly, greater liability to hernia, impairment of activity and gracefulness of motion, necessity of wearing various abdominal and uterine supports, etc. \* \* \*

The lack of any remote historical reference to the *striae*, together with their absence in classic statuary and other works of art, would go far to indicate that they did not occur in the days of loose and flowing garments, but are a product of modern dress and habits. \* \* \*

Few women are aware that these *striae* will accompany their first pregnancy and remain through life; hence the medical attendant is not consulted about them, as he undoubtedly would be by ladies who are at all fastidious; the dermatologist also loses an opportunity of benefiting mankind. It is the place, therefore, of the regularly engaged medical attendant to mention the matter in time, and explain the simple means that are required for the prevention of these undesirable blemishes.

In conclusion, I would submit the following propositions as embodying my views on the subject:

1. The abdominal lesions known as "*striae albicans*" or "silver lines" of pregnancy, and other abdominal dis-tensions, are a true deformity due to over-stretching of ab-normally nourished skin.

2. Their prevention may be accomplished by daily inunctions of olive oil, followed by gentle hand friction for about ten minutes; the treatment should begin at or before the fourth month, bearing in mind that prevention, not cure, is the object sought.

3. Corsets, constrictions and suspensions of clothing from waist bands are to be avoided entirely—at least after the third month of pregnancy.

To paraphrase the old adage—the lines are "silver," their absence golden. Another desirable object attained by the treatment is relief from the aches and shooting pains often complained of, which are largely due to the irregular stretching and compression of the nerves of the abdominal parieties.

**A Defence of Apostoli.**—Dr. H. E. Hayd, in a letter from Paris to the *Buffalo Medical and Surgical Journal* (August, 1890), expresses himself as greatly pleased with Apostoli personally and with his methods of treatment. He says that "the yarns we have heard in America" of the agony the electrician's patients are made to suffer "is all bosh." "At a meeting of the Society of Practical Medicine of Paris, of which Apostoli is a member, a commission was appointed to investigate his work at his request. Consequently, every day a number of old patients treated years ago are examined by one of this commission, and their present condition noted and compared with that previous to treatment. The new patients are carefully examined, and a diagnosis made and compared with that of Apostoli, before the treatment is begun. This naturally makes the work very interesting to us all, and each one of us visiting the clinic is delighted to see how frank and honest Apostoli is in all his work. To say that he is unscientific and uneducated is unfair, and to accuse him of quackery and dishonesty is an infernal libel. Enthusiastic? Yes; one capable of working with indefatigable energy, true; and, at the same time, full of a desire to do what is best for those women who place themselves under his care. In this impression I am sure I am borne out by every man who is to-day visiting the Rue Du Jour."

Concerning Parisian operators in general, the writer says: "Unfortunately one does not see only brilliant, good and justifiable surgery; but, on the contrary, the most wholesale mutilation of women. It is only a few days ago when one of the first men in Paris diagnosed an enlarged and painful ovary on the right side. Immediately the young woman was placed on the table and an abdominal section made. When the abdomen was opened, the ovary in question was found to be normal, but the opposite tube was slightly bound down; so, in order to take advantage of the incision, this tube and ovary were gouged out. Another similar case was the removal of the ovaries for a small bleeding fibroid, the operator having no faith in

other so-called *unscientific procedures*. If Apostoli has done nothing more than demonstrate the possibility of relieving the pain and hemorrhage in these cases, surgery should welcome his work in the interests of humanity."

**Antipyrin and Antifebrin in Polyuria.**—In the *Meditizinskoi Obzreni*, No. 5, 1890, p. 487, Dr. I. I. Maslovsky, of Bürnak, draws attention to antipyrin and antifebrin as remedies for diabetes insipidus, and adduces an interesting illustrative case referring to a sickly and highly nervous peasant-lad, sixteen years old, with polyuria of a nervous origin and of six years' standing, in which the use of these drugs was followed by a striking and apparently permanent decrease of both thirst and amount of urine. Antipyrin was administered at first in eight-grain doses four times daily; later twelve grains five times a day; then finally twenty-four and twenty-six grains four times daily, the whole course lasting thirteen days. The daily quantity of urine fell from 11,700 cubic centimeters to 6,100; that of water ingested from 10,600 c. c. to 6,200. After an interval of three days, antifebrin was resorted to in from six to eight-grain doses four times daily, for eight days. The daily quantity of urine decreased from 6,800 c. c. to 4,100; that of water ingested from 7,450 to 4,590. No unpleasant effects were ever noticed from either of the remedies.

**Prevention of Short Leg or Hip Disease (A. B. Judson, M. D.; Trans. Am. Orthopedic Association).**—The author's views are summarized as follows: The deformities of hip disease are caused by the patient's efforts so to place the limb that it shall be the least disturbed by, and afford him the most convenience in, his customary attitudes and movements. They are (1) adduction, (2) adduction and flexion, and (3) extreme adduction and flexion. The second position is practically, by far, the most important, and it is the only one considered in this paper. It is caused by the patient's elevating that side of the pelvis in order to take the limb off the ground, and to keep the affected limb out of the way of the well one, which is on the ground a longer time than the affected limb, and does most of the work of progression. The limb is maintained in the chosen position by reflex muscular contraction, which does not immobilize the joint, but fixes it in such a manner that changes in its position are readily made by the application of gentle but persistent force. It is proposed, therefore, to induce the patient, wearing the hip-splint, which protects the joint from the violence of walking, to divide the time on the ground equally between the two feet, or rather between the foot of the sound side and the ischiatic crutch on the affected side, with the expectation that adduction and flexion will be wholly or in part reduced, when the affected limb makes repeated efforts to reach the ground and do its share in locomotion. It is believed that the patient can be induced by precept and drill to adopt this change in the manner of locomotion, with the result indicated—a belief which is sustained by the observation that patient's led by accident to walk in this way have recovered with a good position of the limb, and by the results of the adoption in practice of this method of preventing deformity.

**Diagnosis of Previous Pregnancy.**—From a medico-legal point of view it is sometimes of the greatest importance to determine whether a woman has ever borne a child or not. According to Dittrich, as quoted in the *Deutsche Med. Wochenschrift*, January 29, 1891, from the *Prager Med. Wochenschrift*, microscopical examination reveals hyaline degeneration and necrosis of the muscular tissue of the uterus, and, in rare instances, of the muscular fibers of the tunica media of the arteries as well, in cases in which a woman has been pregnant even though the gestation has been prematurely terminated.

**Apsithyria.**—A case of this disease is reported by Dr. Felix Peltesohn (*Berl. Klin. Wochenschrift*, July 28, 1890). Only one case was observed in 5,000 attending the nose and throat department of the University of Berlin. The name apsithyria, "inability to whisper," was given to this disease by Solis Cohen, because patients suffering from it are more dumb than deaf mutes or than aphasic patients. Even the power of expressing pain by oh is lost. Dr. Peltesohn agrees with other observers, who consider the disease of hysterical origin. In most cases it comes on suddenly as a result of fright or other emotional disturbance. The case observed was a girl of sixteen. She had been liable to attacks of hoarseness before the loss of voice, with frontal headache and formication of arms and legs. She had also trembling of the hands, and complained of great lassitude. The patient gradually got well with massage of the larynx, galvanic current applied to the vocal cords and to the skin, and the insufflation of tannin into the larynx.

**Mr. Hutchinson on Circumcision.**—In the *Archives of Surgery* Mr. Jonathan Hutchinson sums up his experience in regard to the sanitary advantages of the rite of circumcision. After premising that it is not needful to go on a search for any recondite motive for the origin of the practice, he says: "No one who has seen the superior cleanliness of a Hebrew penis can have avoided a very strong impression in favor of the removal of the foreskin. If not removed it constitutes a harbor for filth, and is, in many persons, a constant source of irritation. It conduces to masturbation and adds to the difficulties of sexual continence. It increases the risk of syphilis in early life and of cancer in the aged. I have never seen cancer of the penis in a Jew, and chances are rare."

**Arsenic and Cancer.**—In a paper read before the Brighton and Sussex Medico-Chirurgical Society, Mr. Jonathan Hutchinson showed illustrations pointing to the conclusion that cases occurred in which, after large doses of arsenic long continued, all gradations were seen, from thickening and cracking of the skin of the palms, productive of corns, and finally the development of genuine epithelial cancer. A drawing was shown of a growth in the side of the foot so produced, and also a malignant ulcer of the hand, necessitating amputation, and finally causing death by recurrence in the glands.

**Dangers of Illuminating Gas.**—It has been shown that respiration of the products of the combustion of an argand burner produces upon animals only deoxygenation, because in this case combustion is complete. It produces only carbonic acid, and not carbonic mon-oxide. If, on the contrary, the combustion of the burner is incomplete, it gives birth to acetylene and a larger quantity of carbonic mon-oxide. Intoxication is rapid in this case. It results from these experiments that it is necessary to remove the products of combustion from ordinary gas burners as well as from gas stoves.

**Phosphorus.**—Dr. Nathanson, a Berlin graduate, found (*Lancet*, June 28, 1890,) that when treating hardened sections of liver from a healthy subject with ether, no change was produced; in a section of liver from a patient who had suffered from fatty infiltration so treated, the fat globules were dissolved, the structure remaining unaltered; in one taken from a case of phosphorus poisoning, the ether entirely obliterated the structure, and the same occurred in sections of the kidneys taken from the same subjects. The inference is that poisoning by phosphorus produces a true fatty metamorphosis of the tissues of the liver and kidney.

**MISCELLANY.**

—Dr. Hugain calls attention to photophobia and dilation of the pupil as a very important diagnostic sign of pertussis.

—Dr. Wyss uses with success in chronic Bright's disease the ethereal tincture of the perchloride of iron in ten drop doses, three times a day.

—Mr. Henry C. Lea, of Philadelphia, has given the sum of \$50,000 to the University of Pennsylvania for the erection of a hygienic laboratory. The plans have been revised by Dr. John S. Billings, who has embodied in them the results of his observations during a scientific tour in Europe. The institution will, it is stated, be the finest of the kind in the world.

—Dr. Prentiss at a meeting of the International Medical Congress at Berlin, related the case of a lady, at 25, who had thin blond hair, and who suffered from uremic symptoms depending on an affection of the kidneys. Frequent injections of pilocarpine were given. In one month the hair had become changed to a chestnut color, and after two months it was found to be a deep black, the hair, moreover, being much fuller and thicker than before.

—A correspondent of the *Australasian Medical Gazette* mentions that he was highly amused at Dr. Lassar's method of administering mercury to syphilitic patients at his clinique in Berlin. Each in his turn comes along and presents his gluteal region to the doctor, who rapidly injects therein two c. c. of a two per cent. solution of corrosive sublimate. The patient then lays hold of a bottle of carbolic acid which lies near, and pours a little of this balm of Gilead into the hollow of his hand, rubs his buttock with evident satisfaction, and, with a bow, disappears.

—Always examine the urine for albumin before operating for cataract. If albumin be present when you operate, the edges of the wound may slough.

—Forty-six medical colleges in North America admit women to their courses; nine admit women alone; the rest men alone.

—What did Shakspere die of? There is a tradition of very respectable antiquity that he died of a fever contracted through going on a drinking bout with Ben Johnson and other boon companions. Mr. J. F. Nisbet, in his new work, "the insanity of genius," discusses the question from an entirely new point of view, that of pathology. In the author's opinion, Shakspere died of paralysis or some disease akin to paralysis. The signature to the will, he holds, affords strong presumption of this, but he has also other facts to adduce in support of this theory. In 1637, Dr. Hall's medical cure book was published by James Cooke. "A practitioner in physick and chirurgery." Dr. Hall, as is well known, was Shakspere's son-in-law, and his book proves beyond doubt that nervous disease existed in Shakspere's family, a fact which Mr. Nisbet considers accounts for the short average duration of the lives of its members, and the speedy extinction of the line of Shakspere's direct descendants.

—The surgeon who did the first squint operation in America, still lives—Dr. Detmold, of New York.

—A decree has been issued by the Austrian Minister of the Interior absolutely forbidding the photographing of corpses in studios open to the public, and the photographing of bodies of persons who have died of any infectious disease by professional photographers, even in private houses. Exception is made of cases in which such photographs may be required for police or medico-legal purposes.

—Gum chewers' cramp is a muscular inco-ordination similar to the cramp of writers, telegraphers, etc.

—In *La Pratique Médicale* for May 5, 1891, it is stated that a patient suffering from ulcerative stomatitis was seriously burned by the explosion of some compressed tablets of potassium chloride which had been prescribed for him, and which he was carrying in his pocket together with a penknife.

—The French Society of Hygiene offers a gold medal of 200 Francs, a silver medal and two bronze medals, to the authors of the best essays on the following subjects: "What is the best course to pursue before the arrival of a surgeon in cases of persons who are the victims of accidents in large factories or on the public streets." For further details the society may be addressed at its office, 30 Rue De Dragon, Paris.

—We are accustomed to think of the medical profession in England as being greatly overcrowded, but this, it appears, as respects the country at large, is quite a mistake. A correspondent of the *Hospital Gazette* writes that he wonders why the struggling and half-starved doctors in the metropolis and large provincial towns do not try their fortune in the rural districts. There are flourishing little country towns, he says, within about fifty or sixty miles of London, where only one or two doctors reside, although the towns could well support double the number. He knows a town in East Kent where two doctors in partnership work a practice of over \$80,000 a year cash receipts. In a small town in Sussex, not quite fifteen miles from Brighton, there is a practice worked by two gentlemen, the receipts of which last year amounted to nearly \$85,000. They would, doubtless, gladly welcome a little wholesome opposition, so that they might take some rest occasionally. The natives, too, would rejoice. These figures are enough to set the average American practitioner's mouth watering!

—One-half of all abdominal hernias occur during the first five years of life.

—In a recent address, Dr. T. Gillard Thomas said: "Were I offered to-day by some great power the accomplishment of one wish, I think I would select the destruction of the process by which alcohol is created. Putting advantages and disadvantages into mental scales, I would select as the wish nestling closest to my heart, the abolition of alcohol."

—Steps are being taken in London to found an institute of preventive medicine, with the following objects: To provide a place in which researches may be carried on with a view of finding the means for preventing and curing infective diseases in man and the lower animals. To provide education in preventive medicine for medical officers of health, veterinarians, etc. To treat persons suffering with infective diseases, or threatened with them. To found laboratories, libraries, etc. It is probable that the institute may be located in Cambridge.

—A bounty of one hundred francs is offered to every married couple in France who shall add one more citizen to the state during 1892. It is hoped in this way to check the decrease in the French population.

—The sale of "tuberculin" is absolutely forbidden in Munich.

—Dr. Carl Braun, the great Vienna obstetric teacher, died March 28th, aged seventy-one.

—Dr. E. N. Brush says that to-day no competent authority claims that diseases peculiar to women produce any considerable number of cases of insanity. Per contra, uterine treatment has been overdone, and gynecology has much to learn from psychiatry and neurology.

—To detect the presence of arsenic in wall paper, put some hydrochloric acid, a piece of copper wire, and a bit of the wall paper to be examined together in a test tube, which then should be gently heated. If the paper contains arsenic the wire will be blackened.